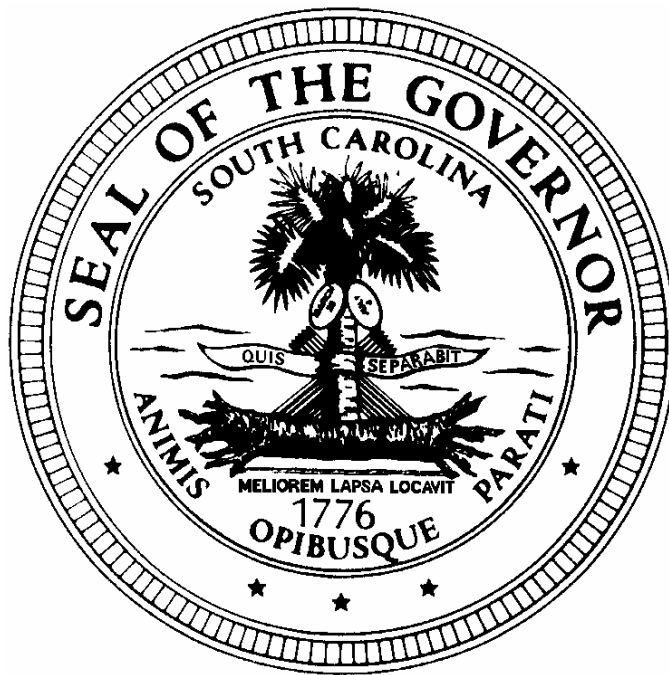


STATE OF SOUTH CAROLINA

Low-Income Home Energy Assistance Program (LIHEAP) Block Grant CFDA 93.568

2007 State Plan



**Mark Sanford
GOVERNOR**

**Governor's Office – Office of Economic Opportunity
Ashlie Lancaster, Director
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INTRODUCTION

The Low-Income Home Energy Assistance Program (LIHEAP) is a federally-funded program designed to assist eligible low-income households in meeting home heating and/or cooling needs. LIHEAP alleviates home energy crises through the provision of energy assistance, energy education, home weatherization, income management counseling, and intervention with energy providers on behalf of low-income households.

Income eligibility for all LIHEAP assistance under this plan will be limited to households whose total monthly net income does not exceed 150% of the Poverty Income Guidelines published in the Federal Register by the U.S. Department of Health and Human Services. Allocation of funds is based upon the number of low-income households in each county as compared to the state's total poverty population; 2000 U.S. Census data.

The goals of LIHEAP for Program Year 2007 are fourfold: 1) Expand outreach in one or more vulnerable household categories, 2) Target energy assistance to eligible households with the highest energy needs and lowest incomes, 3) Increase efficiency of energy usage by applicant households, and, 4) Address inefficient home heating/cooling systems through repair and/or replacement.

LIHEAP, in coordination with the Community Services Block Grant and the Weatherization Assistance Program, will assist individuals in achieving energy self-sufficiency. Through energy counseling and case management, agencies will identify and address the factors contributing to energy-related adversities. Agency initiatives will include the use/collaboration of area-wide resources.

The Low-Income Home Energy Assistance Program (LIHEAP) is authorized by Title XXVI of the Omnibus Budget Reconciliation Act of 1981 (OBRA), Public Law 97-35, as amended. The Office of Community Services, housed within the Administration for Children and Families (ACF) at the U.S. Department of Health and Human Services, administers the Low-Income Home Energy Assistance Program.

In South Carolina, LIHEAP is administered through the Governor's Office – Office of Economic Opportunity (OEO). LIHEAP programs are administered through a network of fifteen community action agencies that provide LIHEAP Energy Assistance, to eligible low-income households for all 46 counties. The LIHEAP 2007 Program Year operates from January 1, 2007 through December 31, 2007. **The following changes will be incorporated into the LIHEAP 2007 Program.**

1. Direct Assistance

- *Provide once during the year w/ECIP, or
- *Provide DA twice (twice DAH or DAC, or DAH & DAC) during the year w/o ECIP
- *Increase maximum benefit from \$300 to \$370

2. Referrals

- *Provide evidence in client file of service area collaboration as outlined in approved work plan.
- *Indicate income management and energy education assistance in client file for high energy burden and high energy user households.

3. Emergency Crisis Intervention Program (ECIP)

- *Provide ECIP once during the program year w/DA Heating or DA Cooling, or
- *Twice ECIP w/o DA Heating or Cooling up to maximum of \$700
- *Purchase and install an a/c unit in households (particularly vulnerable households) where determined needed to sustain the adverse effects of extreme summer heat (ECIP assistance)
- *As funds are available, where need is determined, to sustain the winter cold or summer heat, home heating/cooling systems may be repaired or replaced up to a maximum of \$5,000
- *Assistance cannot exceed total amount of energy bill; (Agencies are encouraged to pay total amount of energy bill or to document in the file how the remaining portion will be paid, to include area referrals.)

4. LIHEAP 2007 Program Year Work Plan

Outcome Management

- *Outcome Statement
- *Performance Targets
- *Customer Milestones
- *Evaluation – Previous year program

5. LIHEAP Energy Education

- *Must be documented in client's files, for high energy burden and high energy user, to evidence energy education component; such as printed materials and energy education workshops conducted by local utility companies and in collaboration with volunteers and other agencies; to include energy bill counseling

6. Vendor Agreements

- *Form has been revised to capture the most recent vendor information in order that, after PY 2007, the annual requirement for obtaining this information will only apply to new vendors and/or when there are revisions to existing Vendor Agreements. Vendor Agreements must be available for review upon request during each monitoring visit.

**South Carolina Community Action Agencies and Designated County Service Areas:
2007 Projected Allocations**

Aiken-Barnwell Counties Community Action Commission, Inc. Aiken, Barnwell, and Lexington Counties	\$858,903
Beaufort-Jasper Economic Opportunity Commission, Inc. Beaufort and Jasper Counties	\$318,791
Berkeley-Dorchester Counties Economic Development Corporation Berkeley and Dorchester Counties	\$495,691
Carolina Community Actions, Inc. Chester, Fairfield, Lancaster, Union, and York Counties	\$740,090
Charleston County Human Services Charleston County	\$971,329
Chesterfield-Marlboro Economic Opportunity Council, Inc. Chesterfield and Marlboro Counties	\$284,391
Darlington County Community Action Agency Darlington County	\$264,367
GLEAMNS Human Resources Commission, Inc. Abbeville, Edgefield, Greenwood, Laurens, McCormick, Newberry and Saluda Counties	\$710,469
Lowcountry Community Action Agency, Inc. Colleton and Hampton Counties	\$242,018
OCAB Community Action Agency Allendale, Bamberg, Calhoun, and Orangeburg Counties	\$574,098
Pee Dee Community Action Agency Dillon, Florence, and Marion Counties	\$698,839
Piedmont Community Actions, Inc. Cherokee and Spartanburg Counties	\$739,777
Sunbelt Human Advancement Resources, Inc. Anderson, Greenville, Oconee, and Pickens Counties	\$1,570,207
Waccamaw Economic Opportunity Council, Inc. Horry, Georgetown, and Williamsburg Counties	\$848,447
Wateree Community Actions, Inc. Clarendon, Kershaw, Lee, Sumter, and Richland Counties	\$1,470,454

LIHEAP 2007 PROGRAM YEAR FUNDING SYNOPSIS:

	Description	Projected Allocation
a)	OEO Administration	\$532,734
b)	Subgrantee Administration	\$799,101
c)	Subgrantee Energy Counseling	\$665,918
d)	Subgrantee Energy Assistance	\$9,322,852
e)	LIHEAP 15% Weatherization	\$1,997,754
f)	Total Projected Award	\$13,318,359

a) OEO Administration – 4%

The S.C. Governor's Office – Office of Economic Opportunity will receive 4% of the total PY 2007 allocation for administration and program management.

b) Subgrantee Administration – 6%

Community Action Agencies (Subgrantees) will receive 6% of the total PY 2007 allocation for administrative costs.

Administrative Costs - Costs necessary for the proper administration of LIHEAP. For more information, refer to LIHEAP IM2000-12, LIHEAP Costs for Planning and Administration, www.acf.dhhs.gov/programs/liheap/guidance/special_topics/im00-12.html. Administrative costs include:

- General administration and coordination.
- Salaries and benefits of staff performing administrative and program activities.
- Preparation of program plan and budgets.
- Monitoring of programs and projects.
- Fraud and abuse units.
- Procurement activities.
- Technical assistance and training.
- Services related to financial management systems and internal controls, litigation, audits, property management, and personnel.
- Goods and services required for program administration such as supplies, equipment, travel, postage, utilities, and office space.
- Travel costs incurred for official business and not excluded as a direct program administrative cost for providing program services.
- Management information systems not related to the tracking and monitoring of TANF requirements (e.g., for a personnel or payroll system for State staff).
- Preparing reports and other documents.

c) Subgrantee Energy Counseling – 5%

Based on guidance (IM2000-12) from the U.S. Department of Health and Human Services (USDHHS), we are authorized to utilize the definitions of administrative and non-administrative costs observed by the Temporary Assistance to Needy Families (TANF) Program. With the TANF definition, a number of LIHEAP functions that are recognized as administrative may be charged as non-administrative costs under Energy Counseling Support. Costs associated with

salaries for activities related to energy counseling (non-administrative) may be charged under Energy Counseling Support. Subgrantees must determine the percentage of time an intake worker spends on energy counseling services and the percentage time on eligibility. The percentage time for energy counseling can be budgeted under the Energy Counseling Support Component and the percent of eligibility must remain in LIHEAP Administrative costs. Energy Counseling funds may also be used to:

- Purchase energy conservation educational materials.
- Contract with vendors to conduct workshops on methods for reducing home energy usage and costs.
- Provide budget counseling for applicants with the lowest incomes and highest energy burdens.

d) Subgrantee Energy Assistance Funds

The Energy Assistance funds are the total funds available for distribution to eligible households. Assistance is given based on need and is subject to the availability of Federal funds. All applicant households will be determined eligible according to the income guidelines and program procedures. There are two components of Energy Assistance:

1. Direct Assistance – Heating and Cooling

Changes for PY 2007:

- Increase maximum benefit from \$300 to \$370
- Additional categories – Vulnerable Households
- Two times assistance (w/o ECIP) during the program year
- One time assistance w/ECIP during program year

To ensure that households with the lowest incomes and greatest need receive the greatest amount of assistance to alleviate home energy burdens, benefits are calculated on the following criteria:

Minimum (base) amount	\$150
Elderly applicant age 60 years of age or older	\$50
Disabled applicant or disabled person living in household	\$50
Applicant with total household income that falls in the 100% or less Poverty Income Guidelines	\$50
Applicant with children age 5 and under	\$20
Applicant that demonstrates an energy burden	\$50
Maximum Assistance	\$370

2. Emergency Crisis Intervention Program – Heating and Cooling

Changes for PY 2007:

- One time assistance during the Program Year with one time assistance DAH or one time assistance DAC
- ECIP assistance cannot exceed the actual total amount of the energy bill
- PY 2007 Maximum Level of Assistance is \$700 (Cannot exceed \$700 per program year unless authorized by the agency director with proper documentation in the client file justifying the need.)

A crisis exists when extreme weather conditions, fuel supply shortages or increases in home energy costs have depleted or threatened to deplete household financial resources creating an energy burden that poses a threat to the well-being of the household; particularly households with elderly, disabled and those with children age 5 or younger. A utility termination alone does not necessarily constitute a crisis.

LIHEAP Weatherization Funds – 15%

The State of South Carolina allocates 15% of LIHEAP funds for Weatherization to supplement the PY 2007 Weatherization Assistance Program, funded by the U.S. Department of Energy. The South Carolina Governor's Office – Office of Economic Opportunity administers the state's Weatherization Program. Services are provided by a network of nine Community Action Agencies in all 46 counties. Typical weatherization services include: air sealing, attic and wall insulation, replacing incandescent light bulbs with compact fluorescent light bulbs, installing storm windows, refrigerator replacement, and insulating ducts.

e) Total Projected Award

PY 2007 LIHEAP projections are calculated on the initial base award for PY 2006, not including the additional appropriation.

The Office of Economic Opportunity also distributes funding from three (3) utilities in South Carolina through Project Share; a non-federal program consisting of subscriber and corporate contributions from Progress Energy Good Neighbor Fund, Duke Power, and South Carolina Electric and Gas (SCE&G). Project Share funds supplement the Low-Income Home Energy Assistance Program by assisting eligible low-income households with home energy costs.

For more information about the South Carolina Low-Income Home Energy Assistance Program, visit: www.govoepp.state.sc.us/oeo.htm.

LIHEAP SUBGRANTEES - 2007 PROGRAM YEAR

AGENCY	ADDRESS	TELEPHONE	LIHEAP COORDINATOR
Aiken/Barnwell/Lexington Counties Community Action Commission Mr. George A. Anderson Executive Director	291 Beaufort Street Aiken, SC 29801	(803) 648-6836	Marieanne Petersen mpete@abcac.org
Beaufort-Jasper Economic Opportunity Commission Mr. Leroy H. Gilliard Executive Director	1905 Duke St. Beaufort, SC 29902	(843) 525-7432	Sierre Beale beaufortjaspereoc@hotmail.com
Berkeley-Dorchester Counties Economic Development Corporation Ms. Patsy Gardner Executive Director	295 N. Highway 52 Moncks Corner, SC 29461	(843) 761-8244	Angela Jenkins Outreach Director (not available)
Carolina Community Actions Mr. Walter H. Kellogg Executive Director	138 South Oakland Avenue Rock Hill, SC 29731	(803) 329-5195	Mary Reid cca3@infoave.net
Charleston County Human Services Mr. Arnold Collins Executive Director	1069 King Street Charleston, SC 29403	(843) 723-9285 ext 15	Tami McCrackin cchscstm@bellsouth.net
Chesterfield-Marlboro Economic Opportunity Council Mr. Samuel D. Bass, Jr. Executive Director	318-322 Front Street Cheraw, SC 29520	(843) 320-9760	Pam Bennett sharonbennett@usa.net
Darlington County Community Action Agency Dr. Alvin T. Heatley Executive Director	904 S. Fourth Street Hartsville, SC 29550	(843) 332-1136 ext. 101	Rosa McLeod rmcleod@dcca.net
GLEAMNS Human Resources Commission Dr. J.D. Patton, III Executive Director	237 Hospital Street Greenwood, SC 29648	(864) 223-8434 ext. 1040	Columbus Stephens cstephens@gleamshrc.org
Lowcountry Community Action Agency Mr. Leroy Womble Executive Director	319 Washington Street Walterboro, SC 29488	(843) 549-5576 ext. 25	Emily Mitchell malibumont@yahoo.com
OCAB Community Action Agency Mr. Calvin Wright Executive Director	1822 Joe Jeffords Highway Orangeburg, SC 29116	(803) 536-1027 ext. 124	Third Jamison thirdjamison@oburg.net

Pee Dee Community Action Agency Mr. Walter Fleming Executive Director	2685 South Irby Street Florence, SC 29501	(843) 678-3400 ext. 121	Queen McCall queenmccall@hotmail.com
Piedmont Community Actions Dr. Willie Ross, Jr. Executive Director	704 Howard Street Spartanburg, SC 29303	(864) 585-9644 ext. 1127	Jean Mullinax jhmullinax@piedmontca.org
Sunbelt Human Advancement Resources Dr. Willis H. Crosby, Jr. Executive Director	1200 Pendleton Street Greenville, SC 29611	(864) 269-0700 ext. 236	Betty Cox bcox@sharenc.org
Waccamaw Economic Opportunity Council Mr. W. Edward Jordan Executive Director	112 Jackson Street Kingstree, SC 29556	(843) 355-9922	Emily Cooper emilyc.cooper@weoc.org
Wateree Community Actions Mr. Willie Bethune Executive Director	13 South Main Street Sumter, SC 29150	(803) 773-6512 ext. 311	Fredrica Brailsford wcaicssfc@ftc-i.net

**LOW INCOME HOME ENERGY ASSISTANCE BLOCK GRANT PROGRAM
(LIHEAP)**

**DETAILED MODEL PLAN
PUBLIC LAW 97-35, AS AMENDED
CFDA 93.568
PROGRAM YEAR 2007**

**GRANTEE: SOUTH CAROLINA GOVERNOR'S OFFICE OF ECONOMIC OPPORTUNITY
FFY 2007**

EIN: 1-576000286- A1

DUNS: 136386591

**ADDRESS: 1205 Pendleton Street
Edgar A. Brown Building
Columbia, South Carolina 29201**

NAME OF LIHEAP COORDINATOR: Rosalie D. Smith

EMAIL: rsmith@oepp.sc.gov

TELEPHONE: (803) 734-0672 FAX: (803) 734-0356

LAST DETAILED MODEL PLAN FILED PY 2004

PLEASE CHECK ONE: TRIBE _____ STATE X INSULAR AREA _____

**Department of Health and Human Services
Administration for Children and Families
Office of Community Services
Washington, DC 20447**

August 1987, revised 05/92, 02/95, 03/96, 12/98, 11/01

OMB Approval No. 0970-0075

Expiration Date: 10/31/2008

THE PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13)

Use of this model plan is optional. However, the information requested is required in order to receive a Low Income Home Energy Assistance Program (LIHEAP) grant in years in which the grantee is not permitted to file an abbreviated plan. Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

Assurances

The **Office of the Governor, Office of Economic Opportunity** agrees to:

(1) use the funds available under this title to--

(A) conduct outreach activities and provide assistance to low income households in meeting their home energy costs, particularly those with the lowest incomes that pay a high proportion of household income for home energy, consistent with paragraph (5);

(B) intervene in energy crisis situations;

(C) provide low-cost residential weatherization and other cost-effective energy-related home repair; and

(D) plan, develop, and administer the State's program under this title including leveraging programs,

and the State agrees not to use such funds for any purposes other than those specified in this title;

(2) make payments under this title only with respect to--

(A) households in which one or more individuals are receiving--

(i) assistance under the State program funded under part A of title IV of the Social Security Act;

(ii) supplemental security income payments under title XVI of the Social Security Act;

(iii) food stamps under the Food Stamp Act of 1977; or

(iv) payments under section 415, 521, 541, or 542 of title 38, United States Code, or under section 306 of the Veterans' and Survivors' Pension Improvement Act of 1978; or

(B) households with incomes which do not exceed the greater of—

(i) an amount equal to 150 percent of the poverty level for such State; or

(ii) an amount equal to 60 percent of the State median income;

except that a State may not exclude a household from eligibility in a fiscal year solely on the basis of household income if such income is less than 110 percent of the poverty level for such State, but the State may give priority to those households with the highest home energy costs or needs in relation to household income.

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- (3) conduct outreach activities designed to assure that eligible households, especially households with elderly individuals or disabled individuals, or both, and households with high home energy burdens, are made aware of the assistance available under this title, and any similar energy-related assistance available under subtitle B of title VI (relating to Community Services Block Grant program) or under any other provision of law which carries out programs which were administered under the Economic Opportunity Act of 1964 before the date of the enactment of this Act;
- (4) coordinate its activities under this title with similar and related programs administered by the Federal Government and such State, particularly low-income energy-related programs under subtitle B of title VI (relating to Community Services Block Grant program), under the Supplemental Security Income program, under part A of title IV of the Social Security Act, under title XX of the Social Security Act, under the Low-Income Weatherization Assistance Program under title IV of the Energy Conservation and Production Act, or under any other provision of law which carries out programs which were administered under the Economic Opportunity Act of 1964 before the date of the enactment of this Act;
- (5) provide, in a timely manner, that the highest level of assistance will be furnished to those households which have the lowest incomes and the highest energy costs or needs in relation to income, taking into account family size, except that the State may not differentiate in implementing this section between the households described in clauses 2(A) and 2(B) of this subsection;
- (6) to the extent it is necessary to designate local administrative agencies in order to carry out the purposes of this title, to give special consideration, in the designation of such agencies, to any local public or private nonprofit agency which was receiving Federal funds under any low-income energy assistance program or weatherization program under the Economic Opportunity Act of 1964 or any other provision of law on the day before the date of the enactment of this Act, except that—
- (A) the State shall, before giving such special consideration, determine that the agency involved meets program and fiscal requirements established by the State; and
 - (B) if there is no such agency because of any change in the assistance furnished to programs for economically disadvantaged persons, then the State shall give special consideration in the designation of local administrative agencies to any successor agency which is operated in substantially the same manner as the predecessor agency which did receive funds for the fiscal year preceding the fiscal year for which the determination is made;
- (7) if the State chooses to pay home energy suppliers directly, establish procedures to --
- (A) notify each participating household of the amount of assistance paid on its behalf;
 - (B) assure that the home energy supplier will charge the eligible household, in the normal billing process, the difference between the actual cost of the home energy and the amount of the payment made by the State under this title;

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(C) assure that any agreement entered into with a home energy supplier under this paragraph will contain provisions to assure that no household receiving assistance under this title will be treated adversely because of such assistance under applicable provisions of State law or public regulatory requirements; and

(D) ensure that the provision of vendor payments remains at the option of the State in consultation with local grantees and may be contingent on unregulated vendors taking appropriate measures to alleviate the energy burdens of eligible households, including providing for agreements between suppliers and individuals eligible for benefits under this Act that seek to reduce home energy costs, minimize the risks of home energy crisis, and encourage regular payments by individuals receiving financial assistance for home energy costs;

(8) provide assurances that,

(A) the State will not exclude households described in clause (2)(B) of this subsection from receiving home energy assistance benefits under clause (2), and

(B) the State will treat owners and renters equitably under the program assisted under this title;

(9) provide that--

(A) the State may use for planning and administering the use of funds under this title an amount not to exceed 10 percent of the funds payable to such State under this title for a fiscal year; and

(B) the State will pay from non-Federal sources the remaining costs of planning and administering the program assisted under this title and will not use Federal funds for such remaining cost (except for the costs of the activities described in paragraph (16));

(10) provide that such fiscal control and fund accounting procedures will be established as may be necessary to assure the proper disbursement of and accounting for Federal funds paid to the State under this title, including procedures for monitoring the assistance provided under this title, and provide that the State will comply with the provisions of chapter 75 of title 31, United States Code (commonly known as the "Single Audit Act");

(11) permit and cooperate with Federal investigations undertaken in accordance with section 2608;

(12) provide for timely and meaningful public participation in the development of the plan described in subsection (c);

(13) provide an opportunity for a fair administrative hearing to individuals whose claims for assistance under the plan described in subsection (c) are denied or are not acted upon with reasonable promptness; and

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(14) cooperate with the Secretary with respect to data collecting and reporting under section 2610.

(15) * beginning in fiscal year 1992, provide, in addition to such services as may be offered by State Departments of Public Welfare at the local level, outreach and intake functions for crisis situations and heating and cooling assistance that is administered by additional State and local governmental entities or community-based organizations (such as community action agencies, area agencies on aging and not-for-profit neighborhood-based organizations), and in States where such organizations do not administer functions as of September 30, 1991, preference in awarding grants or contracts for intake services shall be provided to those agencies that administer the low-income weatherization or energy crisis intervention programs.

*** This assurance is applicable only to States and to territories whose annual regular LIHEAP allotments exceed \$200,000. Neither territories with annual allotments of \$200,000 or less nor Indian tribes/tribal organizations are subject to Assurance 15.**

(16) use up to 5 percent of such funds, at its option, to provide services that encourage and enable households to reduce their home energy needs and thereby the need for energy assistance, including needs assessments, counseling, and assistance with energy vendors, and report to the Secretary concerning the impact of such activities on the number of households served, the level of direct benefits provided to those households, and the number of households that remain unserved.

Certification to the Assurances: As Chief Executive Officer, I agree to comply with the sixteen assurances contained in Title XXVI of the Omnibus Budget Reconciliation Act of 1981, as amended.* By signing these assurances, I also agree to abide by the standard assurances on lobbying, debarment and suspension, and a drug-free workplace.

Signature of the Tribal or Board Chairperson or Chief Executive Officer of the State or Territory.**

Signature: _____

Title: Director, SC Governor's Office of Economic Opportunity

Date: _____

*** Indian tribes/tribal organizations, and territories with annual regular LIHEAP allotments of \$200,000 or less, are not subject to assurance 15, and thus must only certify to 15 assurances.**

**** If a person other than the Chief Executive Officer of the State or territory, or Tribal Chairperson or Board Chairperson of a tribal organization, is signing the certification to the assurances, a letter must be submitted delegating such authority. (PLEASE ATTACH DELEGATION of AUTHORITY.) The delegation must include authority to sign the assurances, not just to administer the program.**

In the above assurances which are quoted from the law, "State" means the 50 States, the District of Columbia, an Indian Tribe or Tribal Organization, or a Territory; "title" of the Act refers to Title XXVI of the Omnibus Budget Reconciliation Act of 1981 (OBRA), as amended, the "Low Income Home Energy Assistance Act"; "section" means Section 2605 of OBRA; and, "subsection" refers to Section 2605(b) of OBRA.

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**LIHEAP
Statutory
References**

2605(a)

2605(b)(1)

USE OF FUNDS

Please check which components you will operate under the LIHEAP program.

(Note: You must provide information for each component designated here as requested elsewhere in this plan.)

Dates of Operation

<u> X </u> Heating Assistance	<u>January 1 – April 30</u>
<u> X </u> Heating Assistance	<u>October 1 – December 31</u>
<u> X </u> Cooling Assistance	<u>May 1 – September 30</u>
<u> X </u> Crisis Assistance	<u>January 1 – December 31</u>
<u> X </u> Weatherization Assistance	<u>April 1, 2007 – March 31, 2008</u>

2605(c)(1)(C) LIHEAP funds will be used for each component that you will operate:

 30% Heating Assistance

 20% Cooling Assistance

 20% Crisis Assistance

2605(k)(1) 15% Weatherization Assistance

 Carryover to the Following Fiscal Year

2605(b)(9) 10% Administrative and Planning

2605(b)(16) 5% Services to Reduce Home Energy Needs,
Including Needs Assessment (Assurance 16)

 Used to Develop and Implement Leveraging Activities (limited to the greater of 0.08% or \$35,000 for States, the greater of 2% or \$100 for territories, tribes and tribal organizations).

 100% **TOTAL**

LIHEAP
Statutory
References
2605(c)(1)(C)

ALTERNATE USE OF CRISIS ASSISTANCE FUNDS

The funds reserved for winter crisis assistance that have not been expended by March 15 will be reprogrammed to:

_____ Heating Assistance

_____ Cooling Assistance

_____ Weatherization Assistance

 X Other: **Cooling**

Do you accept applications for energy crisis assistance at sites that are geographically accessible to all households in the area to be served? (This is required by the statute.)

Yes X No _____

2605(b)(2)
2605(c)(1)(A)

ELIGIBILITY

What are your maximum eligibility limits?

(Please check the components to which they apply.)

Current year guidelines must be used.

 X 150% of the poverty guidelines:
heating X cooling X crisis X wx X

2605(c)(1)(A)
2605(b)(2)

ELIGIBILITY

Do you have additional eligibility requirements for:

HEATING ASSISTANCE (_____ Yes X No)

Do you use: Yes No

Assets test? _____ X

Do you give priority in eligibility to:

Elderly? X _____

Disabled? X _____

Young children? X _____

Other: High energy burden X _____

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**LIHEAP
Statutory
References
2605(c)(1)(A)
2605(b)(2)**

ELIGIBILITY

Do you have additional eligibility requirements for:

COOLING ASSISTANCE (____ Yes **X** No)

Do you use:	<u>Yes</u>	<u>No</u>
Assets test?	_____	<u>X</u>
Do you give priority in eligibility to:		
Elderly?	<u>X</u>	_____
Disabled?	<u>X</u>	_____
Young children?	<u>X</u>	_____
Other: High energy burden (If yes, please describe)	<u>X</u>	_____

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**LIHEAP
Statutory
References
2604(c)
2605(c)(1)(A)**

ELIGIBILITY

Do you have additional eligibility requirements for:

CRISIS ASSISTANCE (____ Yes **X** No)

Yes No

Do you use:

Assets test? _____ - **X**

Must the household have received a

Shut-off notice or have an empty tank? **X** - _____

Must the household have exhausted
regular benefit?

_____ - **X**

Must the household have received a
rent eviction notice?

_____ - **X**

Must heating/cooling be medically
necessary?

_____ - **X**

Other (Please explain):

_____ - _____

What constitutes a crisis? (Please describe)

- Sudden Reduction in Household Income – Primary wage earner has died or become disabled; or loss of job.
- Dwelling is burned or damaged by tornado or hurricane.
- Utility Termination Notice.
- Utility has already been turned off.
- Empty fuel tank.
- Medical necessity.
- Home heating/cooling system inoperable; needs repair/replacement.

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**LIHEAP
Statutory
References
2605(c)(1)(A)**

ELIGIBILITY

Do you have additional eligibility requirements for Weatherization?

(X Yes No)

Do you use: Yes No

Assets test? X

Priority groups? (Please list) X

Elderly, Disabled, Households w/children age 5 and younger, high energy users with lowest incomes, and high energy burden

Are you using Department of Energy (DOE) Low Income Weatherization Assistance Program (LIWAP) rules to establish eligibility or to establish priority eligibility for households with certain characteristics?

If yes, are there exceptions? X

Please list below. **No exceptions**

OUTREACH

2605(b)(3)

Please check the outreach activities that you 2605(c)(3)(A) conduct that are designed to assure that eligible households are made aware of all LIHEAP assistance available:

 X provide intake service through home visits or by telephone for the elderly and disabled.

 X place posters/flyers in local and county social service offices, offices on aging, Social Security offices, VA, etc.

 X publish articles in newspapers and applicable publications, and broadcast public service announcements.

 X include inserts in energy vendor billings to inform individuals of the availability of all types of LIHEAP assistance.

 X conduct mass mailing to previous year LIHEAP recipients.

 X inform applicants of the availability of LIHEAP assistance during application intake for other low-income programs; e.g. Head Start, CSBG, WAP.

 X establish interagency agreements with other area agencies to perform outreach to target groups.

 X other (Please specify): CSBG, Head Start and Weatherization Referrals, and OEO web site.

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**LIHEAP
Statutory
References
2605(b)(4)**

COORDINATION

Please describe how you will assure that LIHEAP is coordinated with similar and related programs. The description provided applies to all components unless specifically noted.

Subgrantees must ensure coordination with other resources within the designated service area to assist with providing other services/funds to households in need. Such coordination, outlined in the agency's Work Plan, details how the Subgrantee is going to ensure the elimination of the duplication of services. Subgrantees also make referrals within the agency to programs and services that provide educational assistance in helping clients reduce high energy use and improve income management techniques. CSBG case management and program support components assist in the provision of LIHEAP services.

DETERMINATION OF BENEFITS AND LEVELS

**2605(b)(5)
2605(b)(2)
2605(b)(8A)**

The statute requires that there be no difference in the treatment of households eligible because of their income and those eligible because they receive benefits under TANF, Food Stamps, SSI, or certain means-tested veterans programs ("categorically eligible"). How do you ensure there is no difference when determining eligibility and benefit amounts? This applies to all components unless specifically noted below.

No differentiation is made based on the source(s) of household income. All sources of household income are documented on the Program Services Application which is processed, reviewed and signed by an agency representative.

HEATING COMPONENT

2605(b)(5) Please check the variables you use to determine your benefit levels (check all that apply):

- ☒ total household income
- ☒ household size
- ☒ total home energy expense
 - ☐ fuel type
 - ☐ climate/region
 - ☒ individual utility bill
 - ☐ dwelling type
 - ☒ energy burden
 - (20% of income spent on home energy)
 - ☒ energy need
 - ☒ other (describe): Disabled Household Member
 - Elderly Household Member
 - Household with Child Age 5 or younger

LIHEAP

**Statutory
References**

2605(b)(5)

2605(c)(1)(B)

BENEFIT LEVELS - HEATING

Describe how you will assure that the highest benefits go to households with the lowest incomes and the highest energy costs or needs in relation to income, taking into account family size.

Please describe benefit levels or attach a copy of your payment matrix.

Minimum Assistance **\$150**

Additional assistance provided if:

(1) Elderly **\$ 50**

(2) Disabled **\$ 50**

(3) Total Household Income is 100%
or less than Poverty Guideline **\$ 50**

(4) Applicant with children age 5 or younger **\$ 20**

(5) Energy Burden **\$ 50**

Maximum Assistance **\$370**

Do you provide in-kind (e.g., blankets, space heaters) and/or other forms of benefits?

 X Yes No If yes, please describe.

Subgrantees have the option to purchase blankets for eligible households and throws for the elderly, homebound and disabled. Space heaters are purchased as needed, as funds are available.

2605(b)(5)

2605(c)(1)(B)

COOLING COMPONENT

Please check the variables you use to determine your benefit levels (check all that apply):

 X income

 X family (household) size

 X home energy cost or need

 fuel type

 climate/region

 X individual bill

 dwelling type

 X energy burden

(20% of income spent on home energy)

 energy need

 X other: Disabled Household Member

Elderly Household Member

Household with Child Age 5 or younger

**LIHEAP
Statutory
References**

**2605(b)(5)
2605(c)(1)(B)**

BENEFIT LEVELS - COOLING

Describe how you will assure that the highest benefits will go to households with the lowest incomes and the highest energy costs or needs in relation to income, taking into account family size. Please describe benefit levels or attach a copy of your payment matrix.

Minimum Assistance **\$150**

Additional assistance provided if:

- | | |
|--|--------------|
| (1) Elderly | \$ 50 |
| (2) Disabled | \$ 50 |
| (3) Total Household Income is 100%
or less than Poverty Guideline | \$ 50 |
| (4) Applicant with children age 5 or younger | \$ 20 |
| (5) Energy Burden | <u>\$ 50</u> |

Maximum Assistance **\$370**

Do you provide in-kind (e.g. fans) and/or other forms of benefits?

X Yes No (If yes, please describe.)
Subgrantees utilize other funds to purchase fans.

**2605(b)(5)
2605(c)(1)(B)**

CRISIS COMPONENT

How do you handle crisis situations?

X separate component other (please explain)

If you have a separate component, how do you determine crisis assistance benefits?

X amount to resolve crisis, up to maximum
 other (please describe)

Please indicate the maximum benefit for each type of crisis assistance offered.

year-round \$ 700 maximum benefit

Do you provide in-kind (e.g. blankets, space heaters, fans) and/or other forms of benefits?

X Yes No If yes, please describe.

Under ECIP, during extreme summer heat, as need is determined, a/c units may be purchased and installed and HVAC systems may be repaired/replaced to increase operating efficiency and help households to sustain during the extreme summer temperatures.

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*Space Heaters: Households will be provided a small heater if the only heating source is wood; and or household does not have any other source of heat.

*Air Conditioners: Households may be provided an air conditioner if the unit is needed to sustain the extreme summer heat; in particular households with members who are elderly, disabled and those with young children.

2605(b)(5)
2605(c)(1)
(B) & (D)

**WEATHERIZATION & OTHER ENERGY RELATED
HOME REPAIR AND IMPROVEMENTS**

What LIHEAP weatherization services/materials do you provide? (Check all categories that apply.)

- ☒ Weatherization needs assessments/audits.
- ☒ Caulking, insulation, storm windows, etc.
- ☒ Furnace/heating system modifications/repairs
- ☒ Furnace replacement
- ☒ Cooling efficiency mods/repairs/replacement
- ☒ Other:
 - *Compact Fluorescent Lights
 - *Refrigerators
 - *Hot Water Heaters
 - *Health and Safety energy-related measures: floors, ceilings, walls

Do you have a maximum LIHEAP weatherization benefit/expenditure levels)
If yes, what is the maximum amount? **\$5,652**

TYPES OF RULES

Under what rule do you administer LIHEAP weatherization? (Check one.)

- ☐ Entirely under LIHEAP (not DOE) rules
- ☒ Entirely under DOE LIWAP rules
- ☐ Mostly under LIHEAP rules with the following DOE LIWAP rule(s) where

LIHEAP and LIWAP rules differ (Check all that apply):

- ☐ Weatherize buildings if at least 66% of units (50% in 2- & 4-unit buildings) are eligible units or will become eligible within 180 days
- ☐ Weatherize shelters temporarily housing primarily low income persons (excluding nursing homes, prisons, and similar institutional care facilities).
- ☐ Other (Please describe)

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- ☐ Mostly under DOE LIWAP rules, with the following LIHEAP rule(s) where LIHEAP and LIWAP rules differ
- ☐ Weatherization not subject to DOE LIWAP maximum statewide average cost per dwelling unit.
- ☐ Other:

**LIHEAP
Statutory
References
2605(b)(6)**

AGENCY DESIGNATION

The state or tribe administers LIHEAP through the following local agencies:

- ☐ county welfare offices
- ☐ community action agencies (weatherization component only)
- ☒ community action agencies (heating, cooling or crisis)
- ☐ charitable organizations
- ☐ not applicable (i.e. state energy office)
- ☐ tribal office
- ☐ other, describe:

Have you changed local administering agencies from last year?

☐ Yes ☒ No

TARGETING ASSISTANCE

2605(c)(1)(E) Please describe any additional steps (other than those described elsewhere in this plan) that will be taken to target assistance to households with high home energy burdens. (This applies to all components. If all steps to target households with high home energy burdens are described elsewhere in the plan, no further information is required here.)

Refer pages: **11-13**

ENERGY SUPPLIERS

2605(b)(7) Do you make payments directly to home energy suppliers?

Heating ☐ Yes ☒ No

Cooling ☐ Yes ☒ No

Crisis ☐ Yes ☒ No

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**LIHEAP
Statutory
References**

2605(b)(7)(A)

If you make payments directly to home energy suppliers, how do you notify the client of the amount of assistance paid? (Please describe)

N/A

**2605(b)(7)
(B) & (C)**

How do you make sure the home energy supplier performs what is required in this assurance? If vendor agreements are used, they may be attached. Indicate each component for which this description applies.

Refer Appendix J: Vendor Agreement. Each participating vendor is required to contract with the participating community action agency. Each vendor must comply with the Agreement terms and conditions. Agreements and vendor payment logs are reviewed during monitoring.

2605(b)(8)(B)

OWNERS AND RENTERS

Is there any difference in the way owners and renters are treated? If yes, please describe.

HEATING ASSISTANCE

_____ Yes X No

COOLING ASSISTANCE

_____ Yes X No

CRISIS ASSISTANCE

_____ Yes X No

WEATHERIZATION

 X Yes _____ No (Must have permission of owner.)

**LIHEAP
Statutory
References
2605(b)(10)**

PROGRAM, FISCAL MONITORING AND AUDIT

**How do you ensure good fiscal accounting and tracking of LIHEAP funds?
(Please describe. Include a description of how you monitor fiscal activities.)**

(Program): Following field visits, comprehensive Field Monitoring Reports are prepared and submitted to the Subgrantee within 30 business days of each visit. The report is an analysis of the Subgrantee's year-to-date progress with projected outcomes and compliance with Federal and State policies and regulations. The report is distributed to the Executive Director, Program Director and Board Chairperson. With each report, Subgrantees have the right of appeal and time to correct identified deficiencies.

Subgrantees submit a Monthly Program Status Report which identifies the total households served, households denied service, Federal Poverty Levels, and the number of vulnerable households served.

(Fiscal Monitoring): The OEO maintains the internal controls and financial management system necessary to accurately account for LIHEAP expenditures; both fiscally and programmatically. OEO's fiscal team initially reviews and approves budget applications, then closely monitors comprehensive expenditure reports and monthly financial status reports prepared/submitted by Subgrantees. Technical assistance and fiscal training is ongoing and an annual fiscal training is provided for agency fiscal officers and staff.

How do you monitor program activities? (Please be sure to include a description of how you monitor eligibility and benefit determination.)

Each program component is monitored for fiscal/program compliance through the SC ROMA (Results-Oriented Management and Accountability System) and monthly program reports submitted by Subgrantees. Field monitoring visits are conducted at least once during the year at each agency where program files are inspected for income eligibility documentation and benefit calculation. Refer Appendix H: OEO LIHEAP Monitoring Instrument.

How is your LIHEAP program audited?

Under the Single Audit Act? X Yes* No

*On-site field audits are also conducted during the year and as often as is needed to ensure compliance and provision of technical assistance. Single Audit desk reviews are also conducted by the OEO.

**LIHEAP
Statutory
References
2605(b)(12)**

TIMELY AND MEANINGFUL PUBLIC PARTICIPATION

How did you get timely and meaningful public participation in the development of the plan? (Please describe.)

The Office of Economic Opportunity (OEO) will hold a public hearing on Friday, August 18, at 3:00 p.m. in Room 364 of the Edgar A. Brown Building, Columbia, South Carolina. The hearing will provide the public an opportunity to comment on the proposed use and distribution of LIHEAP funds. During on-site visits, training opportunities and communication with Subgrantees throughout the year, suggestions are solicited.

2605(a)(2)

Did you conduct public hearings on the proposed use and distribution of your LIHEAP funds? When and where?

 X Yes No

Details and Location of Public Hearing

Date: Friday, August 18

Time: 3:00 p.m.

Location: Room 364 in the Edgar A. Brown, Columbia, South Carolina
2007 State Plan also available for review on web site:

www.govoepp.state.sc.us/o eo.htm.

2605(b)(13)

APPEALS AND FAIR HEARINGS

Describe your fair hearing procedures for households whose applications are denied or not acted on in a timely manner. When are applicants informed of these rights?

An OEO-approved Appeals and Fair Hearings notice must be posted in the lobbies and at intake sites where LIHEAP applications are taken. OEO verifies this during the monitoring process for LIHEAP.

Denials: Clients who assert being unfairly treated and/or denied assistance and/or services must be informed in writing or at the time of application of the reason for denial. Such notification must clearly cite the reason for denial. If not resolved by the Program Coordinator within a reasonable time, the client is to be provided an opportunity to appeal/request an official hearing.

Examples – A Notice of Denial will be issued when:

- * applicant is refused access to services and financial assistance
- *applicant exceeds the income eligibility requirement
- *applicant does not fulfill his/her obligations to program participatory requirements
- *applicant does not provide sufficient information to complete his/her application
- *applicant has maxed out his/her eligibility for program assistance during the program year
- *program funds are exhausted
- *time restraints exist on program availability (e.g. between LIHEAP heating and cooling periods)

LIHEAP
Statutory
References
2605(b)(15)

Applications Not Acted On In a Timely Manner

Applicants whose applications are not processed in a timely manner are notified in writing or at the time of application to the right to a Fair Hearing. OEO will provide training and technical assistance to agencies whose applications fail to be processed within the time frame approved in the current year's Work Plan.

ALTERNATE OUTREACH AND INTAKE

For States and Puerto Rico only (not applicable to Tribes and tribal organizations, or to territories whose annual regular LIHEAP allotments are \$200,000 or less): **Does the State agency that administers the following LIHEAP component also administer the State's welfare program?**

HEATING ASSISTANCE

_____ Yes X No

COOLING ASSISTANCE

_____ Yes X No

CRISIS ASSISTANCE

_____ Yes X No

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**LIHEAP
Statutory
References
2605(b)(16)**

Do you use LIHEAP funds to provide services that encourage and enable households to reduce their home energy needs and thereby the need for energy assistance? (This assurance refers to activities such as needs assessments, counseling, and assistance with energy vendors.)

 X Yes No

If yes, describe these activities.

Each Subgrantee's LIHEAP Work Plan must clearly describe methods the agency will implement during the program year to encourage and educate high energy user households on home energy usage.

This is accomplished through household assessment, agency referrals, income management counseling, energy workshops and educational materials, intervention with energy vendors to promote client responsibility and prevent energy crisis, and follow-up evaluation with the family to ensure progress.

If yes, how do you ensure that you don't use more than 5% (statutory ceiling) of your LIHEAP funds for these activities?

The OEO initially allocates 5% funding to each Subgrantee specifically for this purpose and throughout the year closely monitors each budget submission and financial report to ensure compliance.

**LIHEAP
Statutory
References
2607A**

LEVERAGING

Please describe leveraging activities planned for the fiscal year. (This entry is optional.)* Complete this entry if you plan to apply for LIHEAP leveraging incentive funds and to include in your leveraging report resources/benefits provided to low income households this fiscal year under criterion (iii) in 45 CFR 96.87(d)(2). Provide the following information for each:

- (1) Identify and described each resource/benefit;
- (2) Identify the source(s) of each resource; and
- (3) Describe the integration/coordination of each resource/benefit with the LIHEAP program, consistent with 1 or more of conditions A-H in 45 CFR 96.87(d)(2)(iii).

N/A

* Leveraged resources/benefits that are counted under criterion (iii) in 45 CFR 96.87(d)(2) must be identified and described in the grantee's LIHEAP plan and distributed as indicated in the plan. In addition, leveraging resources/benefits that are counted under criterion (ii) must be carried out under one or more components of the grantee's regular LIHEAP program.

PERFORMANCE GOALS AND MEASURES

2605(b)

Please describe performance goals and measures planned for the fiscal year. (This entry is optional.)

Goal 1: Subgrantee Performance Target Outcomes will project increase in outreach during the 2007 Program Year in one or more vulnerable household categories.

Measure: Subgrantee Work Plan initial projection(s) will document increase in service in one or more categories of vulnerable households. PSR Reports to substantiate.

Goal 2: Target energy assistance to low-income households with the highest home energy needs and lowest incomes, taking into account both the energy burdens and the vulnerable household members.

Measure: Direct Assistance to provide additional financial benefits for vulnerable households; households with children age 5 and younger, elderly, disabled and income 100% FPL.

Measure: Ratio of percent of vulnerable households served to the percent of all eligible households served.

Measure: Change in energy burden before and after LIHEAP assistance within program elements (heating, cooling, crisis, and weatherization).

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Goal 3: Increase efficiency of energy usage by applicant households.

Measure: Change in energy consumption before and after LIHEAP counseling assistance. Change in the number of LIHEAP recipients making regular payments to energy suppliers (improved credit history).

Measure: Number of LIHEAP recipient households weatherized.

Measure: Change in the number of repeat LIHEAP households requesting regular assistance in consecutive years.

Measure: Number of referrals to other programs and services.

Measure: Client file documentation to validate education requirement.

Goal 4: Address inefficient home heating/cooling systems through repair and or replacement. Recommended Subgrantees work through the Weatherization program to ensure efficiency in output.

Measure: Reduction in the number of households requesting assistance with high home energy costs in consecutive years.

Measure: Improved coordination and program service delivery through whole house weatherization concept resulting in energy efficiency output.

CERTIFICATIONS

Certification Regarding Lobbying

Certification Regarding Debarment, Suspension and Other Responsibility Matters

Certification Regarding Drug-Free Workplace Requirements

CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Statement for Loan Guarantees and Loan Insurance

The undersigned states, to the best of his or her knowledge and belief, that:

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required statement shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Signature

OEO Interim Director

Title

South Carolina Governor's Office – Office of Economic Opportunity

Organization

CERTIFICATION REGARDING DEBARMENT, SUSPENSION AND OTHER RESPONSIBILITY MATTERS

Certification Regarding Debarment, Suspension, and Other Responsibility Matters--Primary Covered Transactions

Instructions for Certification

1. By signing and submitting this proposal, the prospective primary participant is providing the certification set out below.
2. The inability of a person to provide the certification required below will not necessarily result in denial of participation in this covered transaction. The prospective participant shall submit an explanation of why it cannot provide the certification set out below. The certification or explanation will be considered in connection with the department or agency's determination whether to enter into this transaction. However, failure of the prospective primary participant to furnish a certification or an explanation shall disqualify such person from participation in this transaction.
3. The certification in this clause is a material representation of fact upon which reliance was placed when the department or agency determined to enter into this transaction. If it is later determined that the prospective primary participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the department or agency may terminate this transaction for cause or default.
4. The prospective primary participant shall provide immediate written notice to the department or agency to which this proposal is submitted if at any time the prospective primary participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
5. The terms covered transaction, debarred, suspended, ineligible, lower tier covered transaction, participant, person, primary covered transaction, principal, proposal, and voluntarily excluded, as used in this clause, have the meanings set out in the Definitions and Coverage sections of the rules implementing Executive Order 12549. You may contact the department or agency to which this proposal is being submitted for assistance in obtaining a copy of those regulations.
6. The prospective primary participant agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency entering into this transaction.
7. The prospective primary participant further agrees by submitting this proposal that it will include the clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion-Lower Tier Covered Transaction," provided by the department or agency entering into this covered transaction, without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
8. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, ineligible, or voluntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the List of Parties Excluded from Federal Procurement and Nonprocurement Programs.
9. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
10. Except for transactions authorized under paragraph 6 of these instructions, if a participant in a

covered transaction knowingly enters into a lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency may terminate this transaction for cause or default.

Certification Regarding Debarment, Suspension, and Other Responsibility Matters— Primary Covered Transactions

- (1) The prospective primary participant certifies to the best of its knowledge and belief, that it and its principals:
- (a) Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded by any Federal department or agency;
 - (b) Have not within a three-year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
 - (c) Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State or local) with commission of any of the offenses enumerated in paragraph (1)(b) of this certification; and
 - (d) Have not within a three-year period preceding this application/proposal had one or more public transactions (Federal, State or local) terminated for cause or default.
- (2) Where the prospective primary participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion--Lower Tier Covered Transactions

Instructions for Certification

1. By signing and submitting this proposal, the prospective lower tier participant is providing the certification set out below.
2. The certification in this clause is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective lower tier participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.
3. The prospective lower tier participant shall provide immediate written notice to the person to which this proposal is submitted if at any time the prospective lower tier participant learns that its certification was erroneous when submitted or had become erroneous by reason of changed circumstances.
4. The terms covered transaction, debarred, suspended, ineligible, lower tier covered transaction, participant, person, primary covered transaction, principal, proposal, and voluntarily excluded, as used in this clause, have the meaning set out in the Definitions and Coverage sections of rules implementing Executive Order 12549. You may contact the person to which this proposal is submitted for assistance in obtaining a copy of those regulations.
5. The prospective lower tier participant agrees by submitting this proposal that, [[Page 33043]] should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency with which this transaction originated.

6. The prospective lower tier participant further agrees by submitting this proposal that it will include this clause titled ``Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion-Lower Tier Covered Transaction," without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

7. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, ineligible, or voluntarily excluded from covered transactions, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the List of Parties Excluded from Federal Procurement and Nonprocurement Programs.

8. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.

9. Except for transactions authorized under paragraph 5 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.

Certification Regarding Debarment, Suspension, Ineligibility an Voluntary Exclusion--Lower Tier Covered Transactions

(1) The prospective lower tier participant certifies, by submission of this proposal, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.

(2) Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

CERTIFICATION REGARDING DRUG-FREE WORKPLACE REQUIREMENTS

This certification is required by the regulations implementing the Drug-Free Workplace Act of 1988: 45 CFR Part 76, Subpart, F. Sections 76.630(c) and (d)(2) and 76.645(a)(1) and (b) provide that a Federal agency may designate a central receipt point for STATE-WIDE AND STATE AGENCY-WIDE certifications, and for notification of criminal drug convictions. For the Department of Health and Human Services, the central point is: Division of Grants Management and Oversight, Office of Management and Acquisition, Department of Health and Human Services, Room 517-D, 200 Independence Avenue, SW Washington, DC 20201.

Certification Regarding Drug-Free Workplace Requirements (Instructions for Certification)

1. By signing and/or submitting this application or grant agreement, the grantee is providing the certification set out below.
2. The certification set out below is a material representation of fact upon which reliance is placed when the agency awards the grant. If it is later determined that the grantee knowingly rendered a false certification, or otherwise violates the requirements of the Drug-Free Workplace Act, the agency, in addition to any other remedies available to the Federal Government, may take action authorized under the Drug-Free Workplace Act.
3. For grantees other than individuals, Alternate I applies.
4. For grantees who are individuals, Alternate II applies.
5. Workplaces under grants, for grantees other than individuals, need not be identified on the certification. If known, they may be identified in the grant application. If the grantee does not identify the workplaces at the time of application, or upon award, if there is no application, the grantee must keep the identity of the workplace(s) on file in its office and make the information available for Federal inspection. Failure to identify all known workplaces constitutes a violation of the grantee's drug-free workplace requirements.
6. Workplace identifications must include the actual address of buildings (or parts of buildings) or other sites where work under the grant takes place. Categorical descriptions may be used (e.g., all vehicles of a mass transit authority or State highway department while in operation, State employees in each local unemployment office, performers in concert halls or radio studios).
7. If the workplace identified to the agency changes during the performance of the grant, the grantee shall inform the agency of the change(s), if it previously identified the workplaces in question (see paragraph five).
8. Definitions of terms in the Nonprocurement Suspension and Debarment common rule and Drug-Free Workplace common rule apply to this certification. Grantees' attention is called, in particular, to the following definitions from these rules:

Controlled substance means a controlled substance in Schedules I through V of the Controlled Substances Act (21 U.S.C. 812) and as further defined by regulation (21 CFR 1308.11 through 1308.15);

Conviction means a finding of guilt (including a plea of nolo contendere) or imposition of sentence, or both, by any judicial body charged with the responsibility to determine violations of the Federal or State

criminal drug statutes;

Criminal drug statute means a Federal or non-Federal criminal statute involving the manufacture, distribution, dispensing, use, or possession of any controlled substance;

Employee means the employee of a grantee directly engaged in the performance of work under a grant, including: (i) All direct charge employees; (ii) All indirect charge employees unless their impact or involvement is insignificant to the performance of the grant; and, (iii) Temporary personnel and consultants who are directly engaged in the performance of work under the grant and who are on the grantee's payroll. This definition does not include workers not on the payroll of the grantee (e.g., volunteers, even if used to meet a matching requirement; consultants or independent contractors not on the grantee's payroll; or employees of subrecipients or subcontractors in covered workplaces).

Certification Regarding Drug-Free Workplace Requirements

Alternate I. (Grantees Other Than Individuals)

The grantee certifies that it will or will continue to provide a drug-free workplace by:

- (a) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;
- (b) Establishing an ongoing drug-free awareness program to inform employees about --
 - (1) The dangers of drug abuse in the workplace;
 - (2) The grantee's policy of maintaining a drug-free workplace;
 - (3) Any available drug counseling, rehabilitation, and employee assistance programs; and
 - (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
- (c) Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a);
- (d) Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the grant, the employee will --
 - (1) Abide by the terms of the statement; and
 - (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;
- (e) Notifying the agency in writing, within ten calendar days after receiving notice under paragraph (d)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;
- (f) Taking one of the following actions, within 30 calendar days of receiving notice under paragraph (d)(2), with respect to any employee who is so convicted --
 - (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
 - (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
- (g) Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e) and (f).

(B) The grantee may insert in the space provided below the site(s) for the performance of work done in connection with the specific grant:

South Carolina Governor's Office of Economic Opportunity

1205 Pendleton Street, Edgar A. Brown Building, 3rd Floor

Columbia, SC 29201

Check if there are workplaces on file that are not identified here.

Alternate II. (Grantees Who Are Individuals)

(a) The grantee certifies that, as a condition of the grant, he or she will not engage in the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance in conducting any activity with the grant;

(b) If convicted of a criminal drug offense resulting from a violation occurring during the conduct of any grant activity, he or she will report the conviction, in writing, within 10 calendar days of the conviction, to every grant officer or other designee, unless the Federal agency designates a central point for the receipt of such notices. When notice is made to such a central point, it shall include the identification number(s) of each affected grant.

[55 FR 21690, 21702, May 25, 1990]

PY 2007 LIHEAP COMMUNITY ACTION PARTNERS

AGENCY	ADDRESS	TELEPHONE
Aiken/Barnwell/Lexington Counties Community Action Commission Mr. George A. Anderson Executive Director	291 Beaufort Street Aiken, SC 29801	(803) 648-6836
Beaufort-Jasper Economic Opportunity Commission Mr. Leroy H. Gilliard Executive Director	1905 Duke St. Beaufort, SC 29902	(843) 470-4500
Berkeley-Dorchester Counties Economic Development Corporation Ms. Patsy Gardner Executive Director	295 N. Highway 52 Moncks Corner, SC 29461	(843) 761-8244
Carolina Community Actions Mr. Walter H. Kellogg Executive Director	138 South Oakland Avenue Rock Hill, SC 29731	(803) 329-5195
Charleston County Human Services Mr. Arnold Collins Executive Director	1069 King Street Charleston, SC 29403	(843) 724-6760
Chesterfield-Marlboro Economic Opportunity Council Mr. Samuel D. Bass, Jr. Executive Director	318-322 Front Street Cheraw, SC 29520	(843) 320-9760
Darlington County Community Action Agency Dr. Alvin T. Heatley Executive Director	904 S. Fourth Street Hartsville, SC 29550	(843) 332-1135
GLEAMNS Human Resources Commission Dr. J.D. Patton, III Executive Director	237 Hospital Street Greenwood, SC 29648	(864) 223-8434
Lowcountry Community Action Agency Mr. Leroy Womble Executive Director	319 Washington Street Walterboro, SC 29488	(843) 549-5576
OCAB Community Action Agency Mr. Calvin Wright Executive Director	1822 Joe Jeffords Highway Orangeburg, SC 29116	(803) 536-1027
Pee Dee Community Action Agency Mr. Walter Fleming Executive Director	2685 South Irby Street Florence, SC 29501	(843) 678-3400

Piedmont Community Actions
Dr. Willie Ross, Jr.
Executive Director

300A S. Daniel Morgan Ave.
Spartanburg, SC 29306

(864) 585-8183

Sunbelt Human Advancement Resources
Dr. Willis H. Crosby, Jr.
Executive Director

1200 Pendleton Street
Greenville, SC 29611

(864) 269-0700

Waccamaw Economic Opportunity Council
Mr. W. Edward Jordan
Executive Director

112 Jackson Street
Kingstree, SC 29556

(843) 234-1400

Wateree Community Actions
Mr. Willie Bethune
Executive Director

13 South Main Street
Sumter, SC 29150

(803) 775-4354

SC ASSOCIATION OF CAP
Ms. Jessica McMoore
Executive Director

2700 Middleburg Drive
Suite 213
Columbia, SC 29204

(803) 771-9404

**2007 PROGRAM YEAR LIHEAP BLOCK GRANT
FOR THE PERIOD
JANUARY 1, 2007 – DECEMBER 31, 2007
(CFDA 93.568)**

AGENCY	2007 PROJECTED ALLOCATION (Admin., EC & EA)
Aiken-Barnwell Counties CAC	\$858,903
Beaufort-Jasper EOC	\$318,791
Berkeley-Dorchester Counties EDC	\$495,691
Carolina CA	\$740,090
Charleston County HSC	\$971,329
Chesterfield-Marlboro EOC	\$284,391
Darlington County CAA	\$264,367
GLEAMNS HRC	\$710,469
Lowcountry CAA	\$242,018
OCAB CAA	\$574,098
Pee Dee CAA	\$698,839
Piedmont Community Actions, Inc.	\$739,777
SHARE, Inc.	\$1,570,207
Waccamaw EOC	\$848,447
Wateree Community Actions	\$1,470,454
TOTAL	\$10,787,871
OEO Administration 4%	\$532,734
Subgrantee Administration 6%	\$799,101
Energy Counseling (EC) 5%	\$665,918
Energy Assistance (EA)	\$9,322,852
LIHEAP WAP 15%	\$1,997,754
PY 2007 PROJECTED AWARD	\$13,318,359

**2007 PROGRAM YEAR LIHEAP BLOCK GRANT
FOR THE PERIOD
JANUARY 1, 2007 – DECEMBER 31, 2007
(CFDA 93.568, G-07B1SCLIEA)**

Agency	County	2007 Admin.	2007 Energy Counseling	2007 Energy Assistance	Subtotals	2007 Agency Totals
Aiken- Barnwell Counties CAC	Aiken	28,376	23,647	331,057	383,080	
	Barnwell	7,051	5,876	82,258	95,185	
	Lexington	28,195	23,496	328,947	380,638	
	Totals	\$63,622	\$53,019	\$742,262		\$858,903
Beaufort- Jasper EOC	Beaufort	17,786	14,821	207,500	240,107	
	Jasper	5,829	4,857	67,998	78,684	
	Totals	\$23,615	\$19,678	\$275,498		\$318,791
Berkeley- Dorchester Counties EDC	Berkeley	23,433	19,528	273,388	316,349	
	Dorchester	13,285	11,070	154,987	179,342	
	Totals	\$36,718	\$30,598	\$428,375		\$495,691
Carolina CA	Chester	7,522	6,268	87,754	101,544	
	Fairfield	6,590	5,491	76,881	88,962	
	Lancaster	11,084	9,236	129,309	149,629	
	Union	6,170	5,141	71,980	83,291	
	York	23,457	19,547	273,660	316,664	
	Totals	\$54,823	\$45,683	\$639,584		\$740,090
Charleston County HSC	Charleston	71,945	59,954	839,430	971,329	
	Totals	\$71,945	\$59,954	\$839,430		\$971,329
Chesterfield- Marlboro EOC	Chesterfield	12,487	10,406	145,679	168,572	
	Marlboro	8,579	7,149	100,091	115,819	
	Totals	\$21,066	\$17,555	\$245,770		\$284,391
Darlington County CAA	Darlington	19,583	16,319	228,465	264,367	
	Totals	\$19,583	\$16,319	\$228,465		\$264,367
GLEAMNS HRC	Abbeville	5,083	4,236	59,303	68,622	
	Edgefield	4,969	4,141	57,975	67,085	
	Greenwood	13,244	11,036	154,510	178,790	
	Laurens	14,072	11,727	164,176	189,975	
	McCormick	2,232	1,860	25,970	30,062	
	Newberry	8,728	7,273	101,827	117,828	
	Saluda	4,304	3,587	50,216	58,107	
	Totals	\$52,632	\$43,860	\$613,977		\$710,469
Lowcountry CAA	Colleton	11,689	9,741	136,371	157,801	
	Hampton	6,238	5,199	72,780	84,217	
	Totals	\$17,927	\$14,940	\$209,151		\$242,018

**2007 PROGRAM YEAR LIHEAP BLOCK GRANT
FOR THE PERIOD
JANUARY 1, 2007 – DECEMBER 31, 2007
(CFDA 93.568, G-07B1SCLIEA)**

Agency	County	2007 Admin.	2007 Energy Counseling	2007 Energy Assistance	Subtotals	2007 Agency Totals
OCAB CAA	Allendale	5,055	4,213	58,979	68,247	
	Bamberg	6,422	5,352	74,924	86,698	
	Calhoun	3,577	2,965	41,503	48,025	
	Orangeburg	27,491	22,909	320,728	371,128	
	Totals	\$42,525	\$35,439	\$496,134		\$574,098
Pee Dee CAA	Dillon	10,664	8,886	124,408	143,958	
	Florence	29,263	24,386	341,403	395,052	
	Marion	11,839	9,866	138,124	159,829	
	Totals	\$51,766	\$43,138	\$603,935		\$698,839
Piedmont Community Actions, Inc.	Cherokee	10,467	8,722	122,111	141,300	
	Spartanburg	44,332	36,943	517,202	598,477	
	Totals	\$54,799	\$45,665	\$639,313		\$739,777
SHARE, Inc.	Anderson	28,645	23,871	334,188	386,704	
	Greenville	56,629	47,191	660,668	764,488	
	Oconee	10,319	8,599	120,392	139,310	
	Pickens	20,719	17,266	241,720	279,705	
	Totals	\$116,312	\$96,927	\$1,356,968		\$1,570,207
Waccamaw EOC	Georgetown	13,766	11,473	160,619	185,858	
	Horry	34,066	28,389	397,439	459,894	
	Williamsburg	15,014	12,512	175,169	202,695	
	Totals	\$62,846	\$52,374	\$733,227		\$848,447
Wateree Community Actions	Clarendon	10,449	8,708	121,907	141,064	
	Kershaw	9,726	8,105	113,466	131,297	
	Lee	5,847	4,873	68,219	78,939	
	Richland	58,905	49,087	687,231	795,223	
	Sumter	23,995	19,996	279,940	323,931	
	Totals	\$108,922	\$90,769	\$1,270,763		\$1,470,454
GRAND TOTALS		\$799,101	\$665,918	\$9,322,852		\$10,787,871

NOTICE OF PUBLIC HEARING

A combined Public Hearing (as required in Section 676(a)(3)) will be conducted by the Governor's Office of Economic Opportunity in Columbia, South Carolina, on Friday, August 18 at 3:00 p.m. in Room 364 of the Edgar Brown Building, 1205 Pendleton Street, Capital Complex. At that time, public comments will be received on the proposed State Plans for the 2007 Program Year for the Community Services Block Grant (CSBG) and the Low-Income Home Energy Assistance Program (LIHEAP) Block Grant.

The U.S. Department of Health and Human Services, Administration for Children and Families, Office of Community Services administers the CSBG and LIHEAP programs. Federal governing regulations for CSBG are P.L. 105-285 and the Community Services Block Grant Act (42 U.S.C. 9901 et seq.), as amended; and for LIHEAP, the Low-Income Home Energy Assistance Act, Title XXVI of the Omnibus Budget Reconciliation Act of 1981, P.L. 97-35, as amended.

The CSBG State Plan identifies the State's intent to fund local community initiatives and statewide programs designed to reduce the adverse affects of poverty, increase self-sufficiency and revitalize low-income communities. The plan provides eligibility requirements, benefit levels and the projected program allocation.

The LIHEAP State Plan outlines eligibility requirements, benefit levels and the projected funds for each category of LIHEAP assistance. LIHEAP funds are used to assist eligible households with the costs for home heating and cooling, energy crisis intervention, and low-cost residential weatherization.

The proposed CSBG and LIHEAP State Plans are available and may be reviewed at the main office of each of the fifteen Community Action Agencies located throughout the State or at the Office of the Governor, Office of Economic Opportunity, Edgar Brown Building, 1205 Pendleton Street, Room 358, Columbia, South Carolina. Both State Plans are also available for review by visiting www.govoep.state.sc.us/oeo.htm.

Persons desiring to submit comments on the CSBG and/or the LIHEAP State Plans for 2007 may do so in writing prior to Friday, August 18, 2006. Comments are to be mailed or hand-delivered to the Office of Economic Opportunity at the above mentioned address. Comments on the CSBG State Plan should be forwarded to Ms. Bertie McKie, Senior Manager for Community Services. Comments on LIHEAP should be directed to Ms. Rosalie Smith, Senior Manager for LIHEAP.

2006 POVERTY INCOME GUIDELINES

FOR THE 48 CONTIGUOUS STATES AND THE DISTRICT OF COLUMBIA

(AMOUNTS SHOWN ARE COMPUTED AT 150% OF POVERTY GUIDELINES)

FAMILY SIZE	150% MONTHLY POVERTY GUIDELINE	150% ANNUAL POVERTY GUIDELINE
1	\$1,225	\$14,700
2	\$1,650	\$19,800
3	\$2,075	\$24,900
4	\$2,500	\$30,000
5	\$2,925	\$35,100
6	\$3,350	\$40,200
7	\$3,775	\$45,300
8	\$4,200	\$50,400
For each additional person, add	\$425	\$5,100

APPLICATION FOR PROGRAM SERVICE

UPDATE: ☐ 1 ☐ 2APPLICATION NUMBER: - - - ☐ NEW APPLICANT☐ APPLICANT ON FILE☐ HBA

DATE: / /

LAST NAME

FIRST NAME

MI

SOCIAL SECURITY NUMBER

AREA CODE

TELEPHONE NUMBER

☐ HOME☐ CELL☐ CONTACT

HOME ADDRESS

CITY/TOWN

ZIP CODE

MAILING ADDRESS (if different)

CITY/TOWN

ZIP CODE

LOCATION: ☐ CITY ☐ RURALRACE: ☐ WHITE ☐ BLACK ☐ MULTI-RACE ☐ OTHERETHNICITY: ☐ HISPANIC/LATINO ☐ NOT HISPANIC/LATINOMARITAL STATUS: ☐ SINGLE ☐ MARRIED ☐ WIDOWED ☐ DIVORCED ☐ SEPARATEDHOUSING STATUS: ☐ OWNED ☐ RENTED ☐ SUBSIDIZED ☐ SHELTER ☐ HOMELESSFAMILY TYPE: ☐ SINGLE ☐ SINGLE PARENT FEMALE ☐ TWO-PARENT HOUSEHOLD WITH CHILDREN
☐ SINGLE PARENT MALE ☐ TWO-PARENT HOUSEHOLD WITHOUT CHILDREN

Indicate the total monthly income amount for all household members receiving: \$ FOOD STAMPS \$ WIC

EMPLOYMENT: EMPLOYER'S NAME: _____

☐ YES EMPLOYER'S ADDRESS: _____☐ NO EMPLOYER'S TELEPHONE: _____OCCUPATION: ☐ LABORER ☐ SKILLED ☐ SALES ☐ PROFESSIONAL ☐ RETIRED ☐ STUDENT ☐ CLERICAL

HOW LONG UNEMPLOYED? YEARS MONTHS WEEKS

NAME	Social Security Number (SSN)	Relation to Applicant	Dis-abled Y/N	Birth Date	Ins. Y/N	Sex M/F	Last Grade Compl.	Income Source	CSBG/LIHEAP Total (NET) Monthly Income	WAP Total (GROSS) Monthly Income
1. APPLICANT	APPLICANT								\$	\$
2.									\$	\$
3.									\$	\$
4.									\$	\$
5.									\$	\$
6.									\$	\$
7.									\$	\$
8.									\$	\$
TOTAL MONTHLY HOUSEHOLD INCOME									\$	\$

INCOME SOURCE CODES

- | | | |
|--|--|--|
| 1) MONEY, WAGES, SALARIES (before any deductions) | 8) MILITARY RETIREMENT/FAMILY ALLOTMENTS | 15) GAMBLING or LOTTERY WINNINGS (Net) |
| 2) NET RECEIPTS from Non-Farm/Farm self-employment | 9) UNEMPLOYMENT COMPENSATION | 16) REGULAR INSURANCE/ANNUITY PMTS |
| 3) SOCIAL SECURITY | 10) VETERAN'S PAYMENTS | 17) STRIKE BENEFITS from UNION FUNDS |
| 4) SSI - Supplemental Security Income | 11) ALIMONY | 18) TRAINING STIPENDS |
| 5) TANF- Temporary Assistance for Needy Families | 12) RENTAL INCOME (Net) | 19) OTHER - (Identify) |
| 6) PRIVATE OR RAILROAD RETIREMENT | 13) WORKER'S COMPENSATION | 20) ZERO (\$0) INCOME |
| 7) GOVERNMENT EMPLOYEE RETIREMENT | 14) ESTATES/TRUSTS (Periodic Receipts) | |

By my signature, I affirm, agree, and understand that all statements on this form are true and accurate. Any misrepresentation, falsification, or omission of information on this application may result in exclusion from further consideration for assistance and services.

Are you related to an agency employee or board member? ☐ No ☐ Yes

If yes, name: _____

Applicant's Signature

Date

I certify that reasonable attempts have been made to verify the above-reported household income information. I further certify that documentation to verify same is included in the applicant's official file/record

Agency Representative's Signature

Date

Agency Reviewer's Signature

Date

AREAS OF NEED: ☐ Employment ☐ Education ☐ Housing ☐ Nutrition ☐ Health ☐ Emergency ☐ EnergyPROGRAMS APPLIED FOR ☐ GEAP ☐ CSBG ☐ CSBG CASE MANAGEMENT ☐ NOT ELIGIBLEAND ELIGIBILITY: ☐ LIHEAP D/A ☐ LIHEAP ECIP ☐ PROJECT SHARE ☐ YLP ☐ WEATHERIZATION

WEATHERIZATION

Do you want to have your home weatherized?

☐ No ☐ Yes

Has your home been weatherized since September, 1993?

☐ No ☐ Yes

Program Services

CSBG

Type Service: _____

Emergency: ☐ No ☐ Yes

Case Managed?: ☐ No ☐ Yes

Type of Emergency: _____

☐ In Crisis ☐ Vulnerable

☐ Stable ☐ Safe

☐ Thriving

Was Applicant Referred? ☐ No ☐ Yes (Agency) _____

If Yes, Outcome: _____

125%		
2006 HHS Poverty Guidelines		
Family Unit	Monthly Income	Yearly Income
1	\$1,021	\$12,250
2	\$1,375	\$16,500
3	\$1,729	\$20,750
4	\$2,083	\$25,000
5	\$2,437	\$29,250
6	\$2,791	\$33,500
7	\$3,145	\$37,750
8	\$3,499	\$42,000

LIHEAP - PROJECT SHARE - SCE&G, Duke Power, ENERGY NEIGHBOR FUND - Progress Energy

Assistance: ☐ Heating ☐ Cooling

House Exterior: _____

Primary Heating Source: _____

Secondary Heating Source: _____

Cooling Source: _____

Calculating Poverty Percentages

Divide the total monthly income by the amount listed according to family size on the 100% 2006 HHS Poverty Guidelines Table.

Example: Total monthly income for two people in household is \$1,400

100% Table for 2 people is \$1,100.

1,400 divided by 1,100 = 127

☐ Under 75% ☐ 75% - 100% ☐ 101% - 125%
☐ 126% - 150% ☐ Over 150%

100%			150%		
2006 HHS Poverty Guidelines			2006 HHS Poverty Guidelines		
Family Unit	Monthly Income	Yearly Income	Family Unit	Monthly Income	Yearly Income
1	\$817	\$9,800	1	\$1,225	\$14,700
2	\$1,100	\$13,200	2	\$1,650	\$19,800
3	\$1,383	\$16,600	3	\$2,075	\$24,900
4	\$1,666	\$20,000	4	\$2,500	\$30,000
5	\$1,949	\$23,400	5	\$2,925	\$35,100
6	\$2,232	\$26,800	6	\$3,350	\$40,200
7	\$2,515	\$30,200	7	\$3,775	\$45,300
8	\$2,798	\$33,600	8	\$4,200	\$50,400

Was applicant referred? ☐ No ☐ Yes

If yes, where? _____

	Direct Assistance	ECIP
Current Month's Energy Bill:	\$	\$
Direct Assistance	\$225	
Child Age 5 or less: \$25	\$	
Energy Burden: \$75	\$	
Elderly Age 60+: \$50	\$	
Disabled: \$50	\$	
Income - 100% or less: \$75	\$	
Heater/Air Conditioner:	\$	\$
TOTAL	\$	\$

Utility Vendor: _____

Voucher Date: _____

Amount: _____

Account #: _____

☐ Heater ☐ Air Conditioner ☐ HVAC

Vendor: _____

Voucher Date: _____

Amount: _____

Install Vendor: _____

Voucher Date: _____

Amount: \$ _____

Blanket Vendor: _____

Amount: \$ _____

Voucher Date: _____

Comments:

CASE MANAGEMENT FORM						HEAD OF HOUSEHOLD	
Customer Name: _____				Date: _____		Case Worker: _____	
CURRENT STATUS: <input type="checkbox"/> In Crisis <input type="checkbox"/> Vulnerable <input type="checkbox"/> Stable <input type="checkbox"/> Safe <input type="checkbox"/> Thriving							
Status after: <input type="checkbox"/> In Crisis <input type="checkbox"/> Vulnerable <input type="checkbox"/> Stable <input type="checkbox"/> Safe <input type="checkbox"/> Thriving <input type="checkbox"/> Follow-up							
Date: _____				Case Worker: _____			
CURRENT STATUS: <input type="checkbox"/> In Crisis <input type="checkbox"/> Vulnerable <input type="checkbox"/> Stable <input type="checkbox"/> Safe <input type="checkbox"/> Thriving							
Status after: <input type="checkbox"/> In Crisis <input type="checkbox"/> Vulnerable <input type="checkbox"/> Stable <input type="checkbox"/> Safe <input type="checkbox"/> Thriving <input type="checkbox"/> Follow-up							
Date: _____				Case Worker: _____			
CURRENT STATUS: <input type="checkbox"/> In Crisis <input type="checkbox"/> Vulnerable <input type="checkbox"/> Stable <input type="checkbox"/> Safe <input type="checkbox"/> Thriving							
Status after: <input type="checkbox"/> In Crisis <input type="checkbox"/> Vulnerable <input type="checkbox"/> Stable <input type="checkbox"/> Safe <input type="checkbox"/> Thriving <input type="checkbox"/> Follow-up							
Date: _____				Case Worker: _____			
CURRENT STATUS: <input type="checkbox"/> In Crisis <input type="checkbox"/> Vulnerable <input type="checkbox"/> Stable <input type="checkbox"/> Safe <input type="checkbox"/> Thriving							
Status after: <input type="checkbox"/> In Crisis <input type="checkbox"/> Vulnerable <input type="checkbox"/> Stable <input type="checkbox"/> Safe <input type="checkbox"/> Thriving <input type="checkbox"/> Follow-up							
Date: _____				Case Worker: _____			
CURRENT STATUS: <input type="checkbox"/> In Crisis <input type="checkbox"/> Vulnerable <input type="checkbox"/> Stable <input type="checkbox"/> Safe <input type="checkbox"/> Thriving							
Status after: <input type="checkbox"/> In Crisis <input type="checkbox"/> Vulnerable <input type="checkbox"/> Stable <input type="checkbox"/> Safe <input type="checkbox"/> Thriving <input type="checkbox"/> Follow-up							

CASE MANAGEMENT FORM

FAMILY MEMBER FORM

Customer Name: _____

Date: _____

Case Worker: _____

CURRENT STATUS:

☐ In Crisis

☐ Vulnerable

☐ Stable

☐ Safe

☐ Thriving

Status after:

☐ In Crisis

☐ Vulnerable

☐ Stable

☐ Safe

☐ Thriving

☐ Follow-up

Date: _____

Case Worker: _____

CURRENT STATUS:

☐ In Crisis

☐ Vulnerable

☐ Stable

☐ Safe

☐ Thriving

Status after:

☐ In Crisis

☐ Vulnerable

☐ Stable

☐ Safe

☐ Thriving

☐ Follow-up

Date: _____

Case Worker: _____

CURRENT STATUS:

☐ In Crisis

☐ Vulnerable

☐ Stable

☐ Safe

☐ Thriving

Status after:

☐ In Crisis

☐ Vulnerable

☐ Stable

☐ Safe

☐ Thriving

☐ Follow-up

Date: _____

Case Worker: _____

CURRENT STATUS:

☐ In Crisis

☐ Vulnerable

☐ Stable

☐ Safe

☐ Thriving

Status after:

☐ In Crisis

☐ Vulnerable

☐ Stable

☐ Safe

☐ Thriving

☐ Follow-up

Customer Name: _____

Date: _____

Case Worker: _____

CURRENT STATUS:

☐ In Crisis

☐ Vulnerable

☐ Stable

☐ Safe

☐ Thriving

Status after:

☐ In Crisis

☐ Vulnerable

☐ Stable

☐ Safe

☐ Thriving

☐ Follow-up

Date: _____

Case Worker: _____

CURRENT STATUS:

☐ In Crisis

☐ Vulnerable

☐ Stable

☐ Safe

☐ Thriving

Status after:

☐ In Crisis

☐ Vulnerable

☐ Stable

☐ Safe

☐ Thriving

☐ Follow-up

Date: _____

Case Worker: _____

CURRENT STATUS:

☐ In Crisis

☐ Vulnerable

☐ Stable

☐ Safe

☐ Thriving

Status after:

☐ In Crisis

☐ Vulnerable

☐ Stable

☐ Safe

☐ Thriving

☐ Follow-up

Date: _____

Case Worker: _____

CURRENT STATUS:

☐ In Crisis

☐ Vulnerable

☐ Stable

☐ Safe

☐ Thriving

Status after:

☐ In Crisis

☐ Vulnerable

☐ Stable

☐ Safe

☐ Thriving

☐ Follow-up

2007 LIHEAP PROGRAM STATUS REPORT

ENERGY ASSISTANCE COMPONENTS	Total Number of Assisted Households	2007 Household Poverty Level Using Gross Income and Household Size					At Least One Member Who Is				
		under 75% poverty	75%-100% poverty	101%-125% poverty	126%-150% poverty	over 150% poverty	60 Years or Older	Disabled	Age 5 Years and Under	Age 3 Years Through 5 Years	Age 2 Years or Under
DA Heating	0										
	0										
ECIP Heating	0										
	0										

All households that requested assistance that were served or denied

ENERGY ASSISTANCE COMPONENTS	Total Number of Assisted Households	under 75% poverty	75%-100% poverty	101%-125% poverty	126%-150% poverty	over 150% poverty
DA Heating	0					
Cooling	0					
ECIP Heating	0					
Cooling	0					

Funds Obligated in the Month	
Direct Assistance	\$0.00
ECIP	\$0.00
Monthly Total	\$0.00



State of South Carolina

Office of the Governor

MARK SANFORD
GOVERNOR

OFFICE OF EXECUTIVE
POLICY AND PROGRAMS

FISCAL/ TECHNICAL ASSISTANCE MEMORANDUM F 08- 01 (Revised)

TO: See Distribution

FROM: Jeanine S McCall
Senior Manager for Audits

DATE: July 12, 2006

RE: Independent, Single Audit Review and Appeals Procedures for Nonprofit Organizations

This memorandum supersedes previously issued OEO Technical Assistance Memo F 08-01 (Revised), dated October 17, 2005.

PURPOSE

The purpose of this memorandum is to set forth standards for obtaining consistency and uniformity among nonprofit organizations, local governments and other entities expending federal awards. The following regulations are federal audit requirements for grant agreements with the Office of Economic Opportunity:

1. Human Services Reauthorization Act of 1984, Public Law 98-558.
2. OMB Circular A-133, Audits of States, Local Governments, and Non-Profit Organizations (Issued pursuant to the Single Audit Act of 1984, Public Law 98-502 and the Single Audit Act Amendments of 1996, Public Law 104-156).
3. OMB Circular A-110, Uniform Administrative Requirements for Grants and Other Agreements with Institutions of Higher Education, Hospitals, and Other Non-Profit Organizations.
4. OMB Circular A-129, Policy for Federal Credit Programs and Non-Tax Receivables, Part V Delinquent Debt Collection.
5. Uniform Requirements for Grants and Cooperative Agreements with State and Local Governments (Common Rule).
6. OMB Circular A-122, Cost Principles for Non-Profit Organizations.

SINGLE AUDIT

1. Definition

An audit which includes the subgrantee's financial statements and the federal awards as described in OMB Circular A-133, Subsection .500.

2. Audit Requirements

Subgrantees that expend \$500,000 or more in a fiscal year in federal awards shall have a single audit conducted for that year in accordance with the provisions of this part.

Audits must be conducted in compliance with federal and state laws and Government Auditing Standards established by the Comptroller General of the United States and Generally Accepted Auditing Standards established by the American Institute of Certified Public Accountants (AICPA).

3. Sanctions

When a subgrantee demonstrates a continued inability or unwillingness to have an audit conducted in accordance with these standards, OEO will institute appropriate sanctions which could include, but are not limited to, withholding future federal awards, disallowing overhead costs, suspending federal awards until the audit is completed and submitted or terminating federal awards.

4. Audit Costs

Professional fees associated with audits are allowable charges if made in compliance with OMB Circular A-133 and may be allocated as indirect cost. Generally, the percentage of costs charged shall not exceed the percentage derived by dividing OEO program funds by total federal funds expended by the subgrantee during the agency's fiscal year under audit.

SELECTION OF AUDITORS

When procuring audit services, the subgrantee shall use the guidelines provided in OEO Technical Assistance Memorandum F 02-01 (Procurement Procedures). Each Request for Proposal for audit services shall be for a period not to exceed three (3) consecutive fiscal years. At a minimum, procurement of audit services shall include advertisement of the Request for Proposal in the South Carolina Business Opportunities newsletter, published by the State Budget and Control Board, and the newsletter of the South Carolina Association of Certified Public Accountants.

When requesting proposals for audit services, the objective and scope of the audit should be made clear. Factors to consider in evaluating each proposal include responsiveness to the proposal, relevant experience, staff professional qualifications, technical abilities, and price. Whenever possible, the subgrantee is encouraged to make positive efforts to utilize small businesses, minority-owned firms, and women's business enterprises (OMB Circular A-133).

In compliance with the Sarbanes-Oxley Act of 2002 Sec. 203, an incumbent auditor can submit bids for consecutive subsequent periods; however, the lead auditor or audit partner responsible for reviewing the audit may provide such services for no more than five (5) consecutive fiscal years. After such time, a new lead auditor or audit partner shall be appointed.

INDEPENDENT AUDIT REPORT SUBMISSION

The independent audit shall be completed and the required report submitted to OEO within nine (9) months of the close of the agency's fiscal year-end. The report shall include an opinion (or disclaimer of opinion) as to whether the subgrantee complied with the laws, regulations and provisions of the grant agreements, Schedules of Budget and Incurred Costs, and the Schedule of Findings and Questioned Costs.

Within thirty (30) days following receipt of the independent audit report, the subgrantee must provide OEO:

1. Two (2) copies of the Independent Audit Report
2. Any necessary supporting documents
3. An explanation of adjustments to the amounts reported on the final FSR
4. Information that may be pertinent to the grant

The subgrantee will forward at least one (1) copy of the independent audit report to each funding source represented in the report, exclusive of OEO's required copies.

OEO AUDIT RESPONSIBILITIES

1. Audit subgrantee activities to ensure that federal awards are used for authorized purposes and in compliance with the laws and regulations governing the provisions of each grant agreement;
2. Ensure that the subgrantee has satisfactorily met the fiscal year-end audit requirements;
3. Ensure the subgrantee takes appropriate and timely corrective action;
4. Follow-up on prior year's audit findings; and
5. Issue the Desk Audit Report.

OEO DESK AUDIT

A desk audit is performed annually to ascertain each agency's grant agreement compliance and to examine questioned costs and findings as reported in the independent audit report. At the same time, the desk audit is used to determine any fund balances due OEO and grant agreement violations not reported in the independent audit report.

OEO will use the Desk Audit Guide to determine audit acceptability. For each program, OEO's Desk Audit Report will describe:

- A. Audit findings or questioned costs
- B. Justification for each such finding or question
- C. Disposition of each questioned cost - allowed or disallowed
- D. A decision on disallowed costs
- E. Amount of funds involved, if any, and total sum in question

The desk audit will be conducted within six (6) months following receipt of the subgrantee's independent audit report. Once the desk audit is complete, OEO will address the initial Desk Audit Report to the subgrantee's Executive Director. A copy of the report will be sent to the agency's Board of Directors Chairperson and appropriate OEO staff (Executive Director, Program and Fiscal Managers).

The subgrantee shall respond to the initial report in writing to the OEO Senior Auditor within thirty (30) business days of the date of the report. Failure to respond to the initial report within the required time shall signify the agency's acceptance of the report's findings.

Any follow-up correspondence regarding the initial report will be sent to the subgrantee's Executive Director unless otherwise requested by the subgrantee's Board of Directors. When the subgrantee fails to respond to follow-up correspondence within the requested time frame, correspondence will be sent to the Board Chairperson. The agency's failure to respond may result in a suspension of future funding.

DISALLOWED COSTS

The OEO desk audit report shall identify questioned costs (i.e. over-expended line items) that OEO has classified as disallowed. The disallowed costs shall be payable to the OEO within forty-five (45) days from the date of the initial desk audit report. Payment methods permitted to satisfy disallowed costs are as follows:

1. Lump-sum Payment

The OEO must receive the total disallowed sum within the aforementioned time period. If the subgrantee is financially unable to make full payment within this time frame, this fact must be stated to the OEO Senior Auditor in writing within twenty (20) business days of the date of the initial desk audit report. The subgrantee will be subject to an OEO field audit to document the non-federal/non-state funds available for repayment of delinquent debt.

2. Installment Payments

Subsequent to verification of the subgrantee's inability to repay in lump-sum, OEO will

establish an agreement with the subgrantee for installment payments. Those terms will be provided in writing. The standard repayment period is twelve months, not to exceed a thirty-six month maximum time allowance. Monthly payments will be due OEO by the 15th of each month. Quarterly payments will be due OEO by the 15th day of the last month in the quarter.

3. Delinquent Payments

If a subgrantee fails to repay funds within the required time frame, the regulations mandated by OMB Circular A-129, Policies for Federal Credit Programs and Non-Tax Receivables, Part V-Delinquent Debt Collection and 4 CFR Chapter 11-Federal Claims Collection Standards (General Accounting Office – Department of Justice) may be exercised in the collection of delinquent debt.

SUMMARY

The purpose in establishing these procedures is to permit a thorough and fair review of audit questions and disallowances. The OEO shall revise these procedures as needed in order to maintain compliance with state and federal requirements.

If you have any questions, you may contact me at (803) 734-0691.

DISTRIBUTION:

CAA Board Chairpersons
CAA Executive Directors
CAA Program Directors
CAA Fiscal Officers
OEO Director, Ashlie Lancaster
OEO Staff

LOW-INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP)**File Content**

1. ☐ New Application ☐ Applicant on File ☐ HBA
2. Applicant's Name: _____ Application No./Family ID. _____
3. Application Date: _____ County Residence: _____
(Update Date vs. Intake Date (to be changed every time updated))
4. File documents validate household members listed: ☐ Yes ☐ No
Comment: _____
5. Target population in household served (check all that apply): ☐ Child Age 5 or Younger
☐ Energy Burden ☐ Elderly Age 60+ ☐ Disabled ☐ Income 100% or less
6. Household "Income Sources" properly documented on Form 1A: ☐ Yes ☐ No
Comment: _____
7. File documents validate household income for last 30 days, including date of application?
☐ Yes ☐ No (SC ROMA does not include unless using Master Application)
Income eligible? ☐ Yes ☐ No Comment: _____
8. Household income eligibility reflects appropriate FPL? ☐ Yes ☐ No
(SC ROMA calculation will alter manual determination.)
Comment: _____
9. Application Completed: ☐ Yes ☐ No Comment: _____
10. Applicant's name agrees with signature: ☐ Yes ☐ No Different: _____
11. Application signed/dated by agency representative: ☐ Yes ☐ No
Comment: _____

Work area:

12. Did customer acknowledge Weatherization questions? ☐ Yes ☐ No
If yes, was customer referred to that program? ☐ Yes ☐ No ☐ Not Interested
13. Was customer referred to any other programs/services? ☐ Yes ☐ No
Comment: _____
Any evidence of follow-up scheduled/completed? ☐ Yes ☐ No
14. Evidence consumer was provided energy materials and guidance and reduced home energy costs?
☐ Yes ☐ No
Comment: _____

LOW-INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP)
Calculation of Client Benefit

15. Name on bill: ☐ applicant ☐ if different _____ Vendor: _____
16. Bill address same as address on application: ☐ Yes ☐ No
 Comment: _____
17. Program Fund: ☐ DAH ☐ ECIP H ☐ DAC ☐ ECIP C ☐ PROJECT SHARE
☐ Blankets/Throws ☐ Heater ☐ A/C ☐ HVAC Repair/Replacement
18. Termination Notice ☐ Yes ☐ No Cutoff Date: _____
 Amount past due: \$ _____ Current month's bill due: \$ _____ Total due \$ _____
19. If DAH/DAC, file contains correct support for household benefit calculation: ☐ Yes ☐ No

Work area:

DAH/DAC \$ 150

Current Month's Bill* \$ _____

Child Age 5 or Less \$20 \$ _____

*Energy Burden \$50 \$ _____

Elderly Age 60+ \$50 \$ _____

Disabled \$50 \$ _____

Income 100% or less \$50 \$ _____

Total \$ _____

(*Energy Burden to be calculated based upon current month's bill only, not the past due portion, excluding outdoor lighting, services and product fees. Late fees may be included/paid.)

20. If DAH/DAC, proof of payment: _____
 If balance remaining, how was remaining portion paid? _____
21. If general ECIP, resolved within 48 hours from date of application? ☐ Yes ☐ No
 Type of Emergency: ☐ cutoff ☐ eviction ☐ empty tank ☐ burn out ☐ no electricity
☐ loss of job, illness, or death of primary income provider ☐ Other _____
 Vendor Pledge Date: _____ Check Paid – Amt./Date: _____
 Paid full amount? ☐ Yes ☐ No Proof of payment: _____
 Paid only past due? ☐ Yes ☐ No
 If balance remaining, how was remaining portion paid? _____
22. If ECIP, and life threatening, resolved within 18 hours from date of application? ☐ Yes ☐ No
 Type of Emergency: ☐ cutoff ☐ eviction ☐ empty tank ☐ burn out ☐ no electricity
☐ loss of job, illness, or death of primary income provider ☐ Other _____
 Vendor Pledge Date: _____ Check Paid – Amt./Date: _____
 Paid full amount? ☐ Yes ☐ No Proof of payment _____
 Paid only past due? ☐ Yes ☐ No If balance remaining, how was remaining portion paid? _____

(Findings are to be supported with appropriate documentation and attached with your report.)
Rev 07/11/06

LOW-INCOME HOME ENERGY ASSISTANCE MONITORING (LIHEAP) Summary

1. Any outstanding program reporting or fiscal reporting issues for 2007? (be specific)
(e.g. PSRs, FSRs)
2. Program advertising complies with approved 2007 work plan? (check against work plan/ask to review file/samples)
3. Vendor agreements on file, current and properly executed? (check)
4. Vendor payment logs comply with 30-day requirement? (ask for logs)
5. Appeal and Fair Hearings Policy posted at the intake site? (look for at intake areas)

Ask if any appeals filed or hearings held? Ask to review file.
6. Basic program operation complies with approved 2007 work plan? Locations, hours of operation? Service for homebound? (check against work plan, and check hours posted)
7. Staff appear knowledgeable of 2007 work plan objectives? Copies of state plan/admin guide on hand?
Concerns/recommendations/training issues:
8. Client logs readily available, up-to-date, complete and balance current?

YTD Obligated: \$ YTD Expended: \$
Concerns:
9. Agency is tracking those households that have members who are elderly, disabled, or young children (age 5 or younger), as well as the number and income levels of all households that apply for assistance, whether served or not? (ask to see logs)
10. Expenditures/files reflect equitable availability of LIHEAP program in agency service area, by counties? (sample payment logs for each county to get a general idea)
11. Basic client file review?

Serving target populations? General observations – applications complete? Signatures missing? File documents complete and in order? Referrals? Using current OEO application? Using SC ROMA for live intake?

LOW-INCOME HOME ENERGY ASSISTANCE MONITORING (LIHEAP) Summary

Corrective action(s) taken on site (by who) to eliminate what problem(s)

Findings –(Are to be supported with appropriate documentation and attached with your report.)

12. Energy Education:

General evidence noted in client files? Evidence of energy education classes? Evidence of income management referrals?

General evidence noted in public waiting area or at intake desk sites?

General recommendations in this area for agency: web sites, videos, brochures from vendors, use vendors to help provide classes and/or materials. Emphasize benefit of partnering with Weatherization.

Be specific about what agency needs to improve in this area.

13. Any equipment, property or vehicles purchased with LIHEAP funds readily available for inspection, to include travel logs and current registration/tags.

14. Any equipment, property or vehicles purchased with LIHEAP funds needing to be surplus? Be sure to advise agency on how to handle properly. (OEO Fiscal Memo)

15. # heaters purchased _____ # air conditions purchased: _____

Agency response to visit?

Your general conclusions?

LIHEAP PROGRAM YEAR 2007 WORK PLAN

NOTE: Must be submitted with the application budget by Friday, September 15, 2006.

AGENCY: _____ **DATE SUBMITTED:** _____

Subgrantee Identification

Project Name: Low-Income Home Energy Assistance Program (LIHEAP)

Project Period: From: January 1, 2007 to December 31, 2007

LIHEAP Funds Requested: \$ _____

Other Funds: \$ _____ **Source:** _____

Total Project Funds: \$ _____

Step I – Assessing Program Goals and Objectives**A) Assurance of Target Households**

The agency must assure that the highest LIHEAP benefit goes to households with the lowest incomes and highest energy costs in relation to income. LIHEAP statutory amendments based upon P.L. 103-252 require that a household's energy need and energy burden are considered at three programmatic points: **Outreach Activities**, **Program Eligibility Determination**, and **Timely Provision of Assistance**. Agencies are to provide services that encourage and enable households to reduce their home energy needs and thereby the need for energy assistance through **Energy Counseling**. Briefly describe how the agency is planning to accomplish these assurances.

B) County Service Area(s): _____

C) Enter the total number of customers to be served by the project: _____

D) Project Outcome Statement: A statement that defines the end state sought, stated in customer terms.

LIHEAP PROGRAM YEAR 2007 WORK PLAN

E) Performance Target Outcome: The performance target will define success for the program in terms of what the customer will actually achieve. The Performance Target Outcome will state the number or percentage of customers entering the program who will achieve the performance target(s). What is the definition of “success” for the project? How many people will you work with this year and how many of them will significantly change their behavior, condition or status? “What is success?” “Of the X number served, Y will achieve.”

Step II – Approach and Strategies: (Methodology) Please respond in narrative format to the following:

A) Outreach Activities:

1. Describe in detail the agency’s schedule and methods of conducting advertising outreach for the availability of LIHEAP funds to ensure vulnerable and diverse population targets are reached and funds will be properly expended by program year-end. Describe why agency has chosen this approach. (Enclose samples) **Samples of advertising must be available for review during OEO on-site monitoring.**

2. Describe the agency’s operational plan for in-take, to include site locations, hours of operation and staffing. Sites must be geographically accessible to all program eligible households in the area.

3. **Homebound and Disabled Persons:** Describe in detail how the agency will conduct outreach and provide in-take (applications) for homebound and disabled customers. Describe why the agency has chosen this approach. Provide details on how the agency will add new clients this year for service.

LIHEAP PROGRAM YEAR 2007 WORK PLAN

- B) Training:** Describe how the staff will be trained on the 2007 performance targets outlined in this Work Plan and the Goals outlined in the State Plan.

- C) Appeal and Fair Hearings Procedure:** Specify the posting location and availability of the Appeal and Fair Hearings Procedure in the areas **at each in-take site where clients are served**.

- D) Client Education:** Describe the methods to be implemented to educate clients on the purpose of the LIHEAP Program and its targeted populations. Describe the agency's energy education awareness program and how it will be targeted toward high energy use households and monitored for improved energy consumption. Describe the agency's method for assuring staff proficiency in this area with customers. (Enclose samples of energy materials)

E) Program Eligibility Determination & Timely Provision of Assistance:

1. Describe the anticipated time frame for approving program eligible applicants.

2. What methods will be in place to process ECIP customers; particularly "employable" unemployed customers who routinely fail to pay bills or fail to pay bills on time thus creating annual ECIP situations that often require higher assistance levels than funds routinely committed for consumers who pay on time to ensure the highest levels of assistance go to households most in need; particularly vulnerable households.

LIHEAP PROGRAM YEAR 2007 WORK PLAN

3. Describe the anticipated time frame for issuing vouchers for applicants.

4. Describe the agency's plan and time frame whereby non-program eligible applicants will be notified.

5. Describe the agency's system of checks and balances between the Fiscal Department and Program Staff to assure LIHEAP funds will not be over expended and that carryover will not exceed 10% of allocated funds. Include details on how the Program Staff will reconcile client records/logs after Fiscal pays the vouchers.

6. Describe the methods by which the agency informs clients that all energy funds are expended and points clients in the direction of other available services and programs. The method described should prohibit from simply cutting the client off during a phone call or posting a sign "Out of Funds" on the door. **The methodology should encourage the use and documentation of referrals and other agencies' services.** Details must also include how the agency will use its area partners.

LIHEAP PROGRAM YEAR 2007 WORK PLAN**F) Energy Counseling**

1. Describe the agency's method(s) by which Promising Practices will be tracked, identified and reported; those practices which reduce and/or eliminate consumer high energy consumption and dependency on LIHEAP assistance.

2. Describe how/if the agency intends to implement an income management component for repeat LIHEAP users to reduce dependency on this program.

3. Describe how the agency will encourage LIHEAP applicants to apply for Weatherization Assistance and how the agency will ensure appropriate referral to that program and follow-up.

4. Describe how the agency will partner with the area Weatherization program to obtain LIHEAP applicants.

5. Identify agency practices associated with LIHEAP that provide a follow-up or continuum of care to households facing multiple hardships

LIHEAP PROGRAM YEAR 2007 WORK PLAN
FY 2006 LIHEAP ASSESSMENT
(Must Be Completed)

This portion of the Work Plan narrative is the compilation of the agency's successes and areas that need improvement with during the 2007 LIHEAP Program Year.

1. **Outreach:** Outreach efforts in the coming year for LIHEAP need to be strengthened as follows:

--

2. **Applications:** Application efforts in the coming year need to be strengthened as follows:

--

3. **Collaborations:** Referrals come from/will be made to the following sources:

--

4. **Program Restructuring:** The following changes were incorporated in order to achieve LIHEAP Performance Targets:

--

5. **Areas Needing Improvement:** Describe the aspects of the program that were least effective, why they were least effective and how they may be improved:

--

LIHEAP PROGRAM YEAR 2007 WORK PLAN
FY 2006 LIHEAP ASSESSMENT
(Must Be Completed)

- 6. Best Practices:** Describe the aspects of the program that were most successful in serving eligible applicants and why they were successful:

- 7. Additional Partnerships/Resources for FY 2007:** This year, the following additional partnerships and resources will be sought in order to expand/enhance agency outreach and outcomes:

SOUTH CAROLINA LOW-INCOME HOME ENERGY ASSISTANCE PROGRAM VENDOR AGREEMENT

This Vendor Agreement shall govern certain activities of the Low-Income Home Energy Assistance Program, hereinafter referred to as LIHEAP, which are to be carried out by the Vendor identified on the signature page of this Agreement, hereinafter referred to as the Vendor, as a condition of receipt of payment, and the Community Action Agency; hereinafter referred to as the CAA.

The _____ and the Vendor agree to the following.
(Community Action Agency)

A. SERVICES TO BE PERFORMED

1. The Vendor is required to verify the name, account holder's name, account number, current balance on account and signature upon receipt of the energy voucher prior to crediting the customer's account.
2. The Vendor will accept the voucher(s) as credit for actual commitment/cash payment for the purchase of home heating fuel or cooling assistance. The Vendor shall specify on the signature page of this Agreement the fuel type to be provided. The Vendor will accept vouchers for the purchase of only the type fuel approved in this Agreement.
3. The Vendor will only deliver fuel to the actual residence of the account holder or credit the account of the account holder as documented on the voucher.
4. If the customer has moved and the energy voucher does not reflect the new address, the Vendor shall not accept the voucher until the customer returns the voucher and requests a change of address from the Community Action Agency (CAA).
5. Vendors are to ensure credit and/or service to approved households within the designated program year.
6. This assistance is provided for households, not individuals. For this reason, no name changes may be made on the energy voucher. If the name that appears on the voucher is other than that shown on the Vendor records, the Vendor shall be concerned only with the address. No alterations of any kind should be made to the voucher.
7. LIHEAP assistance may be used for deposits if specified by the CAA.

B. PROVISIONS UNDER WHICH PAYMENT WILL BE MADE TO VENDORS

1. The Vendor must return this properly executed Vendor Agreement to the CAA prior to being reimbursed.
2. The Vendor must provide a Federal Employer Identification Number (FEIN) or a Social Security number will be acceptable only if the Vendor is an individual and has no FEIN.
 - a. If a Vendor provides a Social Security Number, the Vendor must use the proprietor's name, not the company name. If a FEIN is supplied, a company name must be used.

SOUTH CAROLINA LOW-INCOME HOME ENERGY ASSISTANCE PROGRAM VENDOR AGREEMENT

- b. The Vendor shall notify the CAA in writing immediately when the FEIN, Social Security number, business name and/or address changes. Failure to report changes may result in a delay or payments. An IRS W-9 must accompany changes.
- 3. The Vendor shall provide the eligible customer a quantity of fuel equivalent to the value of the energy voucher submitted (including cords of wood).
 - a. If the value of the quantity of fuel purchased by a customer is less than the value of the energy voucher, the Vendor shall credit the difference to the customer's account. The credit balance on account must be expended by the end of the program year or returned to the CAA.

If the value of the quantity of fuel required/purchased by a customer is greater than the energy voucher amount, payment for the remaining balance due must be negotiated between the customer and the Vendor. The CAA will not intervene in these matters.
 - b. **The Vendor will not exchange a customer's energy voucher for cash nor will any cash equivalent be given for excess credit.** Violations shall be treated in accordance with Federal and State statutes.
 - c. When a customer moves from the Vendor's service area, or becomes deceased, and a credit balance remains on that account, the following policies shall apply within the current program year:
 - i. Any legal survivors living in the residence of the deceased customer, who were household residents at the time of application, are entitled to use the remaining benefit.
 - ii. If there are no remaining legal survivors within the household, any remaining credit balance shall be refunded to the CAA within the current program year.
 - iii. Credit balances not used during the current program year are to be returned to the CAA.
 - iv. Any other circumstances arising shall be dealt with on a case-by-case basis. The Vendor should contact the CAA for additional instruction.

C. PAYMENT PROCEDURES

- 1. Once the Vendor has honored the energy voucher, as specified herein, the Vendor shall mail the energy voucher(s) to the CAA for payment.

**SOUTH CAROLINA LOW-INCOME HOME ENERGY ASSISTANCE PROGRAM
VENDOR AGREEMENT**

2. Within 30 days of the date of the receipt of the energy voucher(s), payment amount equal to the total amount of the energy voucher(s) received by the CAA will be made to the Vendor.

If a Vendor has not received payment for the energy voucher(s) within 30 days following the submission, the Vendor should contact the CAA and report the delay. In instances of reported delays, the Vendor may also contact the Governor's Office, Office of Economic Opportunity.

3. CAAs will submit an IRS Form 1099 to record payments in excess of \$600 to non-incorporated vendors.

All properly executed Vendor Agreements must be maintained on file with the CAA.

D. MONITORING

1. The Vendor will maintain records documenting the amount of energy assistance that the customer received and the date of receipt for all fuels other than electricity and natural gas. Records are to be maintained for one year after the program year ends.
2. The Vendor shall permit access to records pertaining to the activities engaged in by the Vendor under this Agreement. Such records include energy voucher payment forms or other documents supporting the delivery of services or receipt of payments for services rendered by the Vendor, as well as the amount of sale, customers' names and addresses.
3. The Vendor will cooperate with any Federal, State or local investigation, audit or program review.

E. AMENDMENTS

No amendment or modification of this Agreement shall be binding unless in writing and signed by both parties hereto.

F. TERMINATION

1. Either the CAA or the Vendor may terminate this Agreement by giving the other party at least 30 days written notice.
2. This Agreement will terminate immediately should the Vendor supply false information or attempt to defraud the CAA or the eligible customer. In such cases, no additional reimbursement will be made to the Vendor until such matter is resolved.

In witness hereto, the CAA and the Vendor have executed this Agreement on this ____ day of _____.

**SOUTH CAROLINA LOW-INCOME HOME ENERGY ASSISTANCE PROGRAM
VENDOR AGREEMENT**

VENDOR: Complete Section 1-10. Do not leave anything blank.

1. _____
(Business or Vendor Name)

2. _____
(Mailing Address – Include City, State and Zip Code)

3. _____
(Street Address – Include City, State and Zip Code)

4. _____
(Area Code and Telephone Number)

5. **VENDOR DOCUMENTATION**

The Vendor must provide a Federal Employment Identification Number (FEIN), or, if you do not have a FEIN, a Social Security number (SSN) will be acceptable only if used with the proprietor's name (e.g. Hallman's Wood – (FEIN) or Mark Hallman (SSN).

Federal Employer Identification Number _____

Or

Social Security Number _____

6. **Fuel Type – Circle all Types of Fuel Provided.**

Fuel Oil	Electricity
Kerosene	Wood
Propane Gas	Coal
Natural Gas	Landlord or Building Operator
	Who Provides Heat to Tenants

7. **Check all that apply:**

- ☐ I certify that I am not subject to backup withholding.
- ☐ I certify that the mailing address on file is correct and current.
- ☐ A W-9 is enclosed as required for new vendor(s), or for existing vendors to report change of address or change in FEIN or Social Security number and/or business name.

8. _____
(Print Authorizing Signature) _____
(Witness)

9. _____
(Authorizing Signature)

LIHEAP Household Report--Federal Fiscal Year 2006--Long FormatGrantee Name: S.C. Governor's Office of Economic OpportunityContact Person: Rosalie Smith, Sr. Mgr. for LIHEAPPhone: 803-734-0672Date: 24-Jul-06

The *LIHEAP Household Report--Long Format* is for use by the 50 States, District of Columbia, and insular areas with annual LIHEAP allotments of \$200,000 or more. This Federal Report provides data on both LIHEAP recipient and applicant households for Federal Fiscal Year (FFY) 2006, the period of October 1, 2005 - September 30, 2006. The Report consists of the following sections: (1) **Recommended Long Format for LIHEAP Assisted Households** and (2) **Recommended Format for LIHEAP Applicant Households**. Data on assisted households are included in the Department's annual *LIHEAP Report to Congress*. The data are also used in measuring targeting performance under the Government Performance and Results Act of 1993. As the reported data are aggregated, the information in this report is not considered to be confidential.

There are two types of data: (1) **required** data which must be reported under the LIHEAP statute and (2) **requested** data which are optional, in response to House Report 103-483 and Senate Report 103-251. Both the *LIHEAP Household Report--Long Format* (the Excel file name is *hhsrptst.xls*) and the instructions on completing the Report (the Word file name is *hhrptins.doc*) can be downloaded in the Forms sections of the Office of Community Services' LIHEAP web site at: www.acf.hhs.gov/programs/liheap/grantee_forms/index.html#household_report. The spreadsheet is page protected in order to keep the format uniform. The items requiring a response in other areas of the spreadsheet cannot be modified. For example, the number of assisted and applicant households can not be entered. Each total will be calculated automatically for each type of assistance by a form when the poverty level data are entered.

Do the data below include estimated figures? No ☒ Yes ☐ Mark "X" in the second column below for each type of assistance that has at least one estimated data entry.

1. RECOMMENDED LONG FORMAT FOR LIHEAP ASSISTED HOUSEHOLDS

REQUIRED DATA												REQUESTED DATA	
Type of assistance	Mark "X" to indicate estimated data	Number of assisted households	2006 HHS Poverty Guideline interval, based on gross income and household size					At least one member who is			At least one member who is		
			Under 75% poverty	75%-100% poverty	101%-125% poverty	126%-150% poverty	Over 150% poverty	60 years or older	Disabled	Age 5 years or under	Age 2 years or under	Age 3 years through 5 years	
Heating		18,030	9,902	5,148	2,115	790	75	10,387	5,732	1,874	1,047	1,180	
Cooling		3,984	2,440	915	424	185	20	1,222	1,081	733	429	502	
Year Round Crisis		10,959	7,222	2,250	1,004	444	39	2,621	2,252	2,267	1,375	1,516	
Summer crisis		N/A											
Other (specify)		N/A											
Weatherization		N/A											

2. RECOMMENDED FORMAT FOR LIHEAP APPLICANT HOUSEHOLDS (regardless of whether assisted)

REQUIRED DATA								
Type of assistance	Mark "x" to indicate estimated data	Number of applicant households	2005 HHS Poverty Guideline interval, based on gross income and household size					
			Under 75% poverty	75%-100% poverty	101%-125% poverty	126%-150% poverty	Over 150% poverty	Income data unavailable
Heating		18,681	10,407	5,203	2,173	778	120	
Cooling		4,077	2,529	924	423	178	23	
Year Round Crisis		11,693	7,986	2,242	978	413	74	
Summer crisis		N/A						
Other crisis (specify)		N/A						
Weatherization		N/A						

Note: Include any notes below for section 1 or 2 (indicate which section, type of assistance, and item the note is referencing)

FY 2006 LIHEAP Work Plan Statistical Sheet

Date: _____

Elderly

[illegible]

Disabled

[illegible]**Households w/Children 5 Years and Under**[illegible]

High Energy Burden

[illegible]

2007 LIHEAP STATE PLAN DISTRIBUTION

<u>ORGANIZATION</u>	<u>NUMBER OF COPIES</u>
U.S. Department of Health & Human Services	2
South Carolina Community Action Agencies	
Board Chairpersons	15
Executive Directors	15
Fiscal Officers	15
Program Directors	15
LIHEAP Coordinators	8
South Carolina State Library	3
South Carolina Association of CAP	1
OEO Staff	15
Total	89

2007 LIHEAP STATE PLAN is available for review on www.goveoepp.state.sc.us/oeo.htm.